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# SURVEY MIDMONTHLY

JUNE 1947

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# SURVEY MIDMONTHLY

VOL. LXXXIII NO. 6 JOURNAL OF SOCIAL WORK JUNE 1947

For "must" reading in this issue we nominate Sue Spencer's analysis of current problems in professional education (see page 167). She brings to the surface for all to see, questions about social work's future direction, thrown up from under the confused whirlpool of professional cross currents and controversies. If we read her aright, not only will the wisdom of Solomon be needed to avoid the rocks, but the fix we're in demands a little of Solomon from each one of us.

### *E PLURIBUS UNUM?*

Oddly reminiscent was Basil O'Connor's gauge of battle, thrown down to community chests and "federated" fund raisers in general, on behalf of the "independent" advocates, at the May meeting of the National Social Welfare Assembly (see page 170). Research revealed this quote in the March 1928 *Survey Midmonthly,* from Joseph Lee, president of the Playground and Recreation Association of America, outstanding antagonist of the new community chest movement of that day. "The community chest . . . has meant the passing of the control of social work from those who had the vision to create it and the persistent purpose to continue it, into other hands."

Outcome of that early battle is a matter of record—more federated fund raising rather than less. The philosophically minded will watch with curiosity to see if history repeats itself.

### *CASE IN POINT*

Just concluded is Rochester, N.Y.'s 1947 chest campaign—one of the few now held in the spring. Also one of the few so far going all out for inclusive federation of national as well as local appeals. Budgets for twenty-two national and state organizations—only significant omission, the American Red Cross and National Infantile Paralysis Foundation—were added to this year's campaign. Results: $2,043,000 or 104.5 percent of total goals. Local agencies are budgeted for a 10 percent increase over last year.

### *BAFFLING*

Baffling still are the causes behind the problem drinker, admits Joseph Hirsh (see page 163). But he sees no reasons why medical science is not just as applicable to their solution as to tuberculosis, cancer, and infantile paralysis, and cites some good beginnings in that direction.

### *RECIPROCITY*

A bill to set up a board of alcoholic studies in the State Department of Social Welfare was introduced in this session of the Wisconsin state legislature. Would be financed by 5 percent of the state's liquor revenues—about $250,000. Sponsor is the new State Association for the Prevention of Alcoholism.

### *QUARTER CENTURY*

Readers of *Survey Midmonthly,* who happen to see the April *Federator,* celebrating the first quarter century of the Pittsburgh Federation of Social Agencies, may recognize the master touch of Kathryn Close, its unseen editorial writer. Attractively designed as we would expect, the years of social progress in Pittsburgh unfold through the days of "normalcy"; high "prosperity"; the deep "depression"; uneasy "stabilization"; unsettling "recession"; reluctant "defense"; all out "war"; and now to "peace." What a quarter century this has been!

### *GREENER PASTURES*

From the austere halls of the Russell Sage Foundation to the rolling pastures of New Hampshire, went Russell Kurtz last month in a surprise move to many of his friends. Since 1943, assistant general director of the foundation, and widely known as editor of the Social Work Year Book, Russell from now on can be reached at Concord in his new capacity as executive director of the New Hampshire Citizens Council.

### *APROPOS*

In contrast to last year's crop of 1,354 graduates from social work professional schools were 15,588 graduates from the country's sixty-nine approved medical schools. Graduates since 1922 total 185,809.

### *ISLAND WELFARE*

Some answers to the reason for the great influx of Puerto Ricans to New York City during recent years are to be found in María Elisa Díaz de Echandi's article on page 174. One thousand left the island in 1940; 21,600 in 1946. Unhappily, they have fared little better here than at home. At least 75 percent have been unable to adjust to the new environment, it is estimated.

### *UPSTAIRS*

"What it really does is to raise the human being to the level already enjoyed by the Holstein cow through the Department of Agriculture," said Senator George D. Aiken in commenting on the strongly favorable Sen-

ate Committee vote which on June 2 reported out the bill setting up a new Department of Education, Health, and Welfare.

### *"RECREATION FOR EVERYBODY"*

Total expenditures of $51,785,000 for municipal recreation in the United States and Canada were one third greater than ever before, according to the National Recreation Association. The number of paid leaders increased from 35,503 in 1944 to 41,159 in 1946. Bond issues for capital outlay totaled $22,000,000—approximating the peak year of 1928.

### *CHECK*

"Emotional immaturity is one of the most basic causes of family disharmony and breakdown," declared Dr. Luther E. Woodward of the National Committee for Mental Hygiene, at a meeting of the Memphis Family Service Society. (See "Beneath the Surface of Juvenile Delinquency and Child Neglect," *Survey Midmonthly*, February 1947.)

### *SILVER LINING?*

Furor over so called "luxury" cases carried by the New York Welfare Department at least is dramatizing the problem confronting public welfare administrators on account of rising prices, housing and personnel shortages. (See page 176.) One result in New York—authorization to add 250 more workers to the department staff. Watch for Don Howard's spot review of public welfare trends around the country in the July *Survey Midmonthly*.

### *SISU*

In the language of the Finns, *sisu* stands for stubbornness and indomitable will. Lillie M. Peck, secretary of the National Federation of Settlements, tells in the June *Survey Graphic* of her recent trip to Finnish settlement houses which are helping *sisu* repair the wreckage of war.

"Are We In for Depression?" by Daniel S. Gillmor, new executive editor of *Graphic*, leads off a trio of articles examining employment and business conditions in the U. S.

### *RED FEATHERS?*

Tax assessors are embarking upon a public relations program, according to the Municipal Finance Officers Association. Idea is to show the connection between taxes and municipal services so that people will pay taxes "with the same spirit of good will in which they contribute to other worthy causes."

### *PEACETIME HERO*

Compared to his current battle for a continuing high standard VA program, the "Battle of the Bulge" probably seems like a tea party to General Omar N. Bradley. Among victories already won—addition of 23,000 hospital beds; 152 new outpatient clinics and 31 mental hygiene clinics; 8,000,000 outpatient examinations and a doubled rate of hospital patient turnover.

### *NURSERY SCHOOLS*

"There are 200,000 babies on college campuses at this time and when next year's enrollment of veterans rolls around there will be about one million," predicts Hubert A. Goode of Portland, Ore., on behalf of the American Legion Auxiliary.

### *CHATTER*

A legislative committee in Massachusetts declares that the state is fifty years behind the times in the treatment of child delinquency. . . . Some 3,850 children under eighteen years were detained in Virginia's jails during the fiscal year ending June 30, 1946. . . . Over 200,000 disabled veterans were in educational institutions or job training on January 31. An estimated 1,800,000 people have moved to California since 1940. . . . Twenty-five states have not even one psychiatric clinic. There are only 400 in the country. Four million dollars for mental health was included in the appropriation bill approved by the House.


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# Alcoholism: What Is It?

**Facts about plans for treatment, research, and legislation to meet a great national problem, reported by JOSEPH HIRSH.**

Since the publication of Charles Jackson's "The Lost Weekend" three years ago, the American public has been deluged with literally millions of words on the medical—and specifically, the psychiatric—nature of problem drinking. Though well-intentioned, many of these publications are obvious but dull, sensational but dubious. They suggest that drunks are mental defectives or conversely that mental defectives are drunks; that drinking is a disease—which brings the retort from the drys that it is the only disease of which the dispensers of germs are sanctioned by law.

These publications suggest that problem drinking is on the increase despite the fact that there is no adequate reporting system. And they conclude that this increase is due to a greater consumption of alcoholic beverages, placing the onus upon alcohol rather than upon the consumers or upon the tensions of the times. In their attempt to establish new bases of understanding of an age-old problem, they have done much to perpetuate prejudices and stereotypes.

In language—through the ill-advised use of such terms as *alcoholic, chronic alcoholism,* and *alcoholic addiction*—as well as in concept, public attention has been focused upon *alcohol* rather than upon the *problem drinker,* despite the fact that physicians and scientists concerned with these problems are now generally agreed that their roots lie not in the *bottle* but in the *man.* There is an interesting parallel to this misconception with reference to diabetes. In the early days diabetes was known as the "sugar disease," and the general belief was that the disease was caused by sugar. It was not until the last decade of the nineteenth century that medical scientists discovered the real cause to lie not in the sugar but in the man and his pancreas.

Public discussion has often led into blind alleys of argument about prohibition rather than to scientific study of the problem drinker and to sound social and medical action. That this is not new in the long history of medicine, we have but to turn to the record.

**—Mr. Hirsch, now associate director of The Research Council on Problems of Alcohol, was formerly director of medical administration for the Veterans Administration in New York State. Among other assignments, he was, during the war, chief of preventive medicine for the Air Forces in Italy.**

**He has written widely in the fields of medicine, social science, and education. This article will be incorporated into his forthcoming book on problem drinking to be published by Duell, Sloan and Pearce.**

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### More Precise Knowledge

For hundreds of years the mentally ill were considered social pariahs. Thought to be bewitched and bedeviled, they were burned at the stake, stoned out of their communities, or imprisoned in jails. Even within our time, they have been placed in irons and dungeons in the primitive medical equivalent of jails called insane asylums. It was only when the light of scientific medicine and informed humanity had been turned on mental illness, so that we came to know it for precisely what it was, that we were able to take the first step toward intelligent medical and social action.

In the field of social hygiene, we had much the same problem. As recently as a decade ago, Dr. Thomas Parran, Surgeon General of the U. S. Public Health Service, was forced off the air for using such words as syphilis and gonorrhea. The venereal diseases were regarded not as medical problems, but as moral problems. And indeed, in many areas of the United States today, wherever the words "social diseases" are preferred to "venereal diseases," they are still so regarded. But sound medical and social action was not taken until—under the leadership of Dr. Parran, and others—the venereal diseases and the words syphilis and gonorrhea were commonly accepted and their true context understood in terms of their medical rather than their moral implications.

The recognition of problem drinking as a medical problem is an important step in the right direction. This is the single framework within which progress can be made. But it is not enough. Our lack of knowledge concerning this medical problem must be recognized. Compared to tuberculosis, smallpox, diphtheria, and a host of other diseases which are caused by specific organisms, whose clinical history follows more or less common patterns, and whose diagnoses and treatment are well established, our knowledge of what we commonly call alcoholism is largely descriptive.

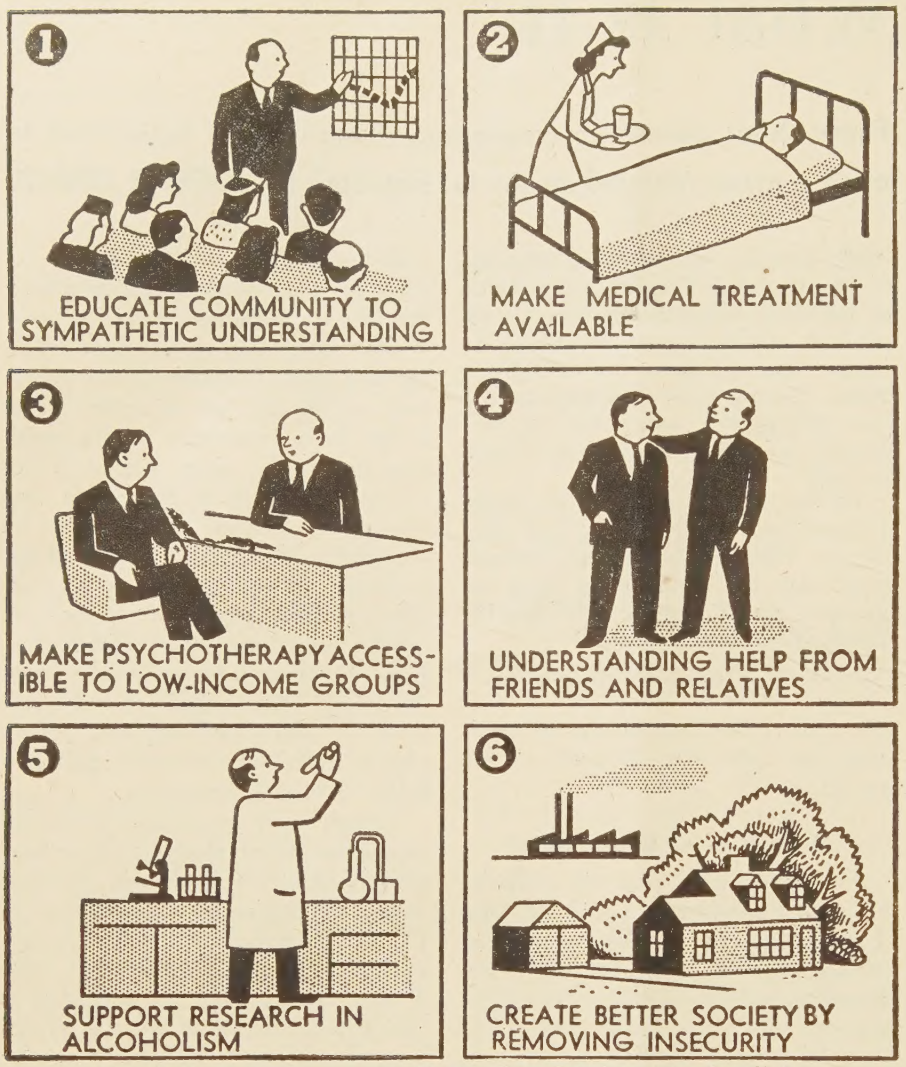
Neither acute intoxication or drunkenness nor chronic alcoholism have been entirely satisfactorily defined. In some states, the finding of a blood level of 15/100 percent alcohol renders a person drunk from a legal point of view. A blood level under 5/100 percent is indicative of sobriety. To the physiologically-minded, alcoholism in the acute stages represents the blood alcohol concentration and the temporary effects of disorientation; in the chronic stages, the degree and type of deterioration of the tissues affecting the individual's physical and mental processes. To the psychologically-minded, alcoholism represents a symptom or process of individual maladjustment. Neither explains the cause.

### Some Known Types

The precise role that alcohol plays as the specific cause of alcoholism is not entirely clear. The precise role that it plays as the specific cause of such social problems as juvenile delinquency, crime, accidents, and divorce, is likewise not known. For, in both sets of problems, the solution may be found, as in the case of diabetes, in the individual—in his physiological and psychological incapacity, and not in the substance *per se.* And just as there are no two individuals alike, so are there no two problem drinkers alike.

Although the specific causes of prob-

## WHAT WE CAN DO TO PREVENT ALCOHOLISM

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lem drinking are not known, it has been possible to isolate several types of drinkers in whom certain characteristic symptoms are found.

There is, for example, the *primary compulsive drinker* who, early in adulthood, is maladjusted in matters relating to his job, his home, or his sex life. He drinks as his type-name suggests, uncontrollably. Apparently, he can no more prevent himself from drinking than the victim of cancer can, by himself, prevent or stop the wild uncontrollable growth in his body from destroying him.

He is obviously in need of medical care *before* and *because* he discovers his escape by way of the neck of a whiskey bottle. Alcohol is merely one outlet for him. Others frequently are the morphia hypodermic, the marijuana cigarette, or sexual licentiousness. If it happens to be alcohol, he becomes habituated psychologically and perhaps physiologically. To escape his original problem, he adds and multiplies new ones. Drunk on the job, he is fired. He either rejects his family or is rejected by them. He may come in conflict with the law, and frequently ends up in the divorce court or the jail. To withdraw alcohol from him is to affect but one facet of his difficulty.

Another type may be called a *secondary compulsive drinker*. He, too, manifests a basic personality maladjustment, and in this sense, also, is in need of medical care. Although his problem, like the primary type, is deep rooted, he is reasonably well adjusted socially. At first he may drink *heavily* but *controllably*.

Unlike the others in his social set, he is unconsciously using the depressant, relaxing effects of alcohol not for temporary personal or socially convivial purposes, but to relieve his underlying problem. The desire for the effects of alcohol grows. His social, psychological, and physical equipment deteriorates. As his problems increase, his recourse to the bottle increases. As his drinking increases, his problems multiply. With medical assistance, prognosis for his future rehabilitation is good.

The *situational alcoholic* may be described as any apparently well adjusted person, who when faced with *extraordinary* crisis or catastrophe, finds relief from the realities of living, forgetfulness, escape, and sleep through alcohol. Medical and psychiatric therapy at the time of crisis, even afterward, would salvage many of these people.

Still another type is the apparently healthy, normal personality who is a so-called alcoholic for unknown physiological reasons. Some scientists believe that he has a low tolerance for alcohol. Others believe, from evidence among a number of individuals in this group, that he has a high tolerance for alcohol and that this factor may lead to some chemical breakdown in the body and to alcoholism.

Here again we may see, as in the case of diabetes, that peculiar individual physiology rather than the substance *per se* may be our major concern. Otherwise, why would not many more or all of the 50,000,000 to 55,000,000 social drinkers in the United States today—the ones who can take it or leave it alone—also become the victims of the vicious, compulsive spiral? Research may also reveal in this group that the same or a similar phenomenon is operative as among those people reacting to ragweed, strawberries, or shrimp.

However diverse and whatever the causes of problem drinking may be, we do know that once a person starts to drink compulsively, it is difficult or impossible for him to stop without aid; that if once he does stop, he can never again drink in moderation. Whether this is due to psychological or physiological reasons or both is not yet known. But from the point of social action, it does not matter.

### Common Characteristics

Problem drinkers are *sick people*. Many are given to inefficient living habits. They sleep poorly and irregularly. They eat badly; their diets are inadequate. And they are careless about their bodily needs generally. By the time they end up in a hospital—if they find one that will take them—they display one or more medical

problems, ranging from anemia, pellagra, beri-beri, other deficiency diseases to broken bones, hallucinations, and delirium tremens. They are usually in misery and pain.

They display a wide variety of personality characteristics ranging from emotional immaturity, insecurity, and anxiety to extreme egocentricity.

They are undersocialized. They do not have the continuing group relationships of family, friends, and neighborhood and their constraining influences. As a result their behavior may range from asocial to antisocial.

These characteristics are common to an estimated 750,000 problem drinkers in the United States today. And to debate why they are the way they are and whether their condition is due to alcohol directly, indirectly, or not at all, is to obscure the fact that they are as much in need of medical care as are the 500,000 tuberculous persons in the United States. They account for between half and two thirds of our county jail populations, between 80 and 90 percent of our public and private shelter clientele. They are the bane of our courts, our social agencies, and our relief organizations. These institutions cannot be expected to assume what is primarily a medical responsibility. They have neither the trained personnel nor the equipment to do so. Rather than tackling the problem in a fundamental way, they are forced into the position of trying to sweep back the tide.

Until we accept unreservedly the medical nature of this problem, we cannot hope to develop with intelligence and effectiveness any methods of treatment. Prohibition was doomed to failure not only because it was based on a false premise—that is, that eliminating the substance will eliminate the problems—but because a medical problem, as in the case of the venereal diseases, was confused with morality. Morality has never been successfully legislated in a democracy.

### Beginning Steps

A first step in treatment is to destigmatize the problem drinker's disease, just as had to be done in the case of the mental and the venereal diseases. As an ideology, sin and punishment have consistently failed both to eliminate the problem of drinking and to alleviate the conditions of problem drinkers. We must abandon the folly of believing that drinking is a sin or a crime, that the problem drinker is a social pariah and a moral leper. We must replace these concepts with the truths: *He is a sick person and needs help; he can be helped and he is worth helping.* Toward that end we would better speak of *problem drinkers* instead of alcoholics; the *problem drinker's disease* instead of alcoholism. With the acceptance of these principles, he will be neither scolded nor ridiculed; neither cursed at nor wept over; neither hidden nor jailed.

In addition to the general public, the vested-interest groups—doctors as much as judges, hospital administrators as much as ministers, social workers as much as teachers—must be educated to these principles. For theirs is the responsibility for prevention as much as rehabilitation. The Deans' Conference, comprising the deans of the medical schools in the United States, has begun to develop a program for a more adequate preparation of medical students in the understanding, care, and treatment of problem drinkers. Other professional groups may well follow this happy example.

A second step in the treatment program calls for the provision of medical facilities and services for the problem drinker. In two recent studies instigated by, and supported by grants from, The Research Council on Problems of Alcohol, the American Hospital Association and the New York Academy of Medicine report a woeful lack of clinic and hospital facilities, and more, a distressing lack of interest on the part of physicians and hospital administrators to care for these patients. The Research Council, in cooperation with the New York Academy of Medicine, is bending every effort to have the state and local bodies of the American Hospital Association encourage member hospitals to open their doors to these patients. Mental hospitals, likewise, in the reorganization and expansion of many of their present programs should absorb a greater proportion of psychotic, senile, and deteriorated problem drinkers than they now do. If only a fraction of the public and private funds now being used to imprison, feed, clothe, and maintain problem drinkers were applied to care for them medically, the results would be immeasurable in economic and human values in most communities.

The third step calls for the interest of professional groups in the needs of problem drinkers. The Research Council has therefore asked the American College of Surgeons, the American Medical Association, and other hospital and medical standardizing bodies to direct their attention not only to these patients' need for professional care but to an evaluation of those facilities available to them in relation to their requirements. But this is the job of no single organization.

### Investment Needed

The people of the United States have invested tens of millions of dollars to discover the cause and spread of infantile paralysis, and many more millions on cancer and tuberculosis, yet today only some tens of thousands on the problem drinker's disease. We do not know why some people become problem drinkers and others not, why some become problem drinkers sooner than others; what changes take place in an individual which result in an uncontrollable, insatiable desire for alcohol; how it starts; how it can be prevented; what are the effective methods of treatment. We must answer these and many score more questions if we are to handle effectively the thousands of problem drinkers who daily present themselves to society.

Dedicated to finding the answers to these questions, The Research Council on Problems of Alcohol was organized in 1937 and incorporated as a nonprofit membership corporation in the District of Columbia in 1938. Counting among its membership that year a number of the country's leading scientists and physicians, The Research Council became an associated society of the American Association for the Advancement of Science. Its purpose is fourfold:

1. To stimulate, initiate, sponsor (through grants-in-aid) and evaluate research and treatment of problem drinking;
2. Discover the causes and means of prevention of problem drinking;
3. Develop effective means of treatment and rehabilitation;
4. Disseminate the facts based on research and clinical experience so that the solution of problem drinking may be approached on a sound, scientific basis.

In addition to sponsoring tens of thousands of dollars of individual research projects, carried out by physicians and scientists in medical schools, hospitals, and scientific institutions, The Research Council has recently embarked upon a new program to develop

a series of diagnostic, research, treatment, teaching centers in leading medical schools and their affiliated hospitals. These centers will do more than research and more than just treatment. They will integrate research with diagnosis, treatment, and rehabilitation. They will serve as teaching centers for medical students, doctors, nurses, social workers, and certain select laymen. They will provide in-patient hospital service and out-patient clinic service. And in this wise they will serve as medical and administrative models for communities all over the country.

The fourth step, therefore, is to encourage the establishment of these research, treatment, teaching centers. One such has just been established at Cornell University Medical College—The New York Hospital, under a $150,000 grant made available by The Research Council. Another one is aborning in New York City, for which the Council is attempting to raise the necessary funds. We need more of these research centers. We need more clinic and hospital facilities. In the long run, these medical facilities will pay for themselves not only by decreasing the load presently placed upon jails and courts, upon public and private shelters and upon relief and welfare organizations, but also in salvaging—rather than merely sustaining, which these agencies do—valuable human material which is salvageable.

### Opinions Differ

With the growing acceptance of the medical nature of the problem drinker's disease, increasing attention is being focused on the institutional requirements of these patients. The make-haste-slowly group holds in general to the program which we have outlined here.

There are those content with the proposal that only present facilities be used. There are those who hold out for farm colonies, or for clinics, or for special problem drinkers hospitals similar to the federal narcotics hospitals.

Finally, of course, there are a considerable number of stand-patters who maintain that there is no real problem, hence no need for the establishment of medical facilities beyond those already in existence. Between these extremes, a solution must be and is being found. The problem drinker cannot go unattended, untreated, unsalvaged in the jails throughout the country.

Some states are giving vigorous attention to the establishment of medical facilities for these unfortunate people. In Connecticut, for example, 9 percent of the funds raised from liquor licenses is used for fostering study, treatment, and care of problem drinkers. Bills are pending in other states to establish state commissions on alcoholism and to provide the necessary medical facilities for their care. In Washington this spring, the House of Representatives considered a bill, H.R. 496, to establish clinic facilities to be paid for by funds from a one to 3 percent tax on liquor sales. This bill has already been superseded by two others.

The matter of raising the funds to provide facilities is only one problem to be clarified; another, equally important, is precisely what kinds of facilities are needed. The answers to this latter question must be found *first* before communities or states enact legislation which will cost taxpayers untold millions of dollars for building programs. That this is a hard reality today is manifest by the fact that whereas, before the war, the cost of new construction for hospitals was in the vicinity of $10,000 per bed, today the cost per bed, though varying, is closer to $26,000.

WHATEVER THE VALIDITY OF LEVYING special taxes on liquor sales to underwrite the cost of treatment centers, there is no gainsaying the fact that a precedent is in the making, that in the legislative sessions ahead the needs of the problem drinker will be dealt with.

A CASE HISTORY OF AN ALCOHOLIC
HE BEGAN TO DRINK TO FORGET WORRIES AND LOST HIS JOB
HE BORROWED MONEY TO BUY MORE LIQUOR
THEN FROM THE GUTTER TO A PSYCHOPATHIC WARD
MODERN THERAPY HELPED AND HE WENT BACK TO WORK

GREAT ISSUES

# *Issues in Professional Education*

**SUE SPENCER analyzes the four major problems now facing the professional schools—and the whole field of social work.**

"Not enough social workers." . . . "Not enough knowledge." . . . "The schools should turn out more students, and faster too!" . . . "The schools should graduate only those sure to succeed." Whenever two or more people talk about professional education, frustrations like these come to the surface, emotions are vociferously vented, flights of fancy run a highly charged course. At the least, this is very good evidence that the problems are real; at the most, that we are achieving the mood to do something about them.

Current issues in professional education reflect the youth of our profession—its sudden enthusiasms, its relatively uncrystallized practice in certain areas, it unsureness of itself. Maturity is certainly more comfortable. It may be a long time before many of the basic issues now bothering us are settled. But the fact that they are now beginning to clarify seems to me a sign of developing professional maturity. The major problems dealt with in this article are now generally recognized by thoughtful leaders in the schools and in the professions. Their identification is perhaps the most important step toward ultimate resolvement.

### Manning the Field

Facts about current social work employment and training clearly delimit the first problem facing us. We now have in this country between 100,000 and 175,000 social work positions. Perhaps 30,000 of them are filled by people with as much as one year of training in a professional school. About 12,000 to 15,000 of these have completed a full two-year graduate course. This small group is trying to provide leadership and service in a field where they are outnumbered four to one by people who have had no systematic professional education in a school of social work.

The professional schools now members of the American Association of Schools of Social Work number forty-nine. All are integral parts of an accredited college or university, approximately half being tax supported institutions. All but six offer a two-year graduate program, and their combined full time faculty members total 350, including deans and directors. These schools now graduate annually from their two-year program only about 1,000 people, who receive the master's degree. They graduated altogether in all prior years less than 15,000. Less than 100 have received the doctor's degree. On November 1, 1946, these schools reported an enrollment of 4,000 full time graduate students, and 1,500 undergraduate students in preprofessional programs.

In addition to the students carrying the full two-year graduate program, most of these schools have a large number of part time students—currently equaling about two thirds the number enrolled in the full time course. Thus we have a plan of professional education designed to prepare people by a well integrated two-year program of study, but under which many students fail to receive full value from their educational investment because of its fragmentary character.

It should also be noted that this graduate education is expensive—for the student, for the school, and for the agencies providing field work practice. Tuition costs for the two-year program range from $150 in the tax supported schools to $750 in a few of the privately supported schools. Yet, in no instance do students' fees support in full the cost of the school. The dynamics of education for a profession much of whose practice depends upon the workers' establishing a helpful relationship to others, calls for small classes, individualized teaching, ample opportunity for discussion and the examination of case materials. Agencies providing field work practice must focus on the student's learning process rather than on the value of his service. Thus, for these agencies, the costs of supervision for students is higher than for regular staff members.

### Undergraduate Training

Paralleling this situation in the graduate schools is another development of the past ten years. Partly because of pressure for personnel in the public services, many tax supported universities are now offering training courses in the junior and senior undergraduate years. About thirty of these are now members of the National Association of Schools of Social Administration; and the growth of the association is indicative of the strong impulse to provide junior professional preparation for social work. The program recommended by the NASSA calls for courses in the last two undergraduate years weighted two thirds to social science and one third to social work including limited field practice. A few of these schools also offer one graduate year leading to a master's degree with the weighting of courses reversed.

One further fact is pertinent in this complex picture. Although, as a profession, we are on record as believing that two years of full time graduate study is requisite to adequate professional performance, most operating agencies follow a contrary practice. Leaves granted for professional study to people with no prior training seldom exceed six or nine months. Scholarships usually cover only the first year of training with no plan for completing the two year course. Yet, generally speaking, it is expected that this six to nine months of school education will give the worker a complete range of professional knowledge and sufficient skill not only to carry a full responsibility for direct service to clients, but also shortly to begin to supervise others.

Real effort is being made to resolve the differences implicit in these various approaches. But the fundamental question still remains: How much of a threat to public safety and welfare is the partially trained worker? If the

The material in this article is adapted from a paper presented by Miss Spencer at the National Conference of Social Work in San Francisco, May, 1947. The author wishes to say that the views expressed are her own and not necessarily those held by the American Association of Schools of Social Work, of which she is executive secretary.

answer underscores the necessity for sufficient graduate personnel to man the field completely, then we must find ways of turning out more graduates than we are now doing. The present addition of 1,000 new workers each year hardly keeps pace with the increased needs of even one or two of the larger agencies, such as the Veterans Administration or the new national mental hygiene program.

### Training for What?

Our graduate schools now give classroom and field practice in both years, and most of them require all students to take some work in eight basic areas: casework, groupwork, community organization, public welfare, psychiatric information, medical information, research, and administration. While this represents generally accepted current practice, there is nevertheless both confusion and difference of opinion as to how these eight areas should be presented and how much of the student's time should be given to each. This confusion was well reflected in the 1945-46 effort of the American Association of Social Workers to determine what a social worker should know or be able to do in order to qualify as a "licensed" or "registered" worker. In all groups which discussed the definitive material finally proposed, there was evidence of widely differing points of view. Some felt that the AASW prerequisites took social work back to the "uplift" era. Others believed that the service of public assistance workers was not social work or, at least, only in part. Doubt was expressed that a social worker employed by a business firm could legitimately be called a social worker. Some put the use of agency function in treatment as a prerequisite to professional practice.

At the risk of oversimplification, it seems to me that two basic and generally speaking, contrasting concepts of what is, and what is not, social work, give rise to many of these specific differences.

One group finds the heart of social work in those processes or practices used by workers in direct worker to client or leader to group relationships. People who acquire and possess those skills in sufficient degree achieve the status of professional social workers. Only the areas which call for the professional use of such skills can rightly be called areas of social work service. The responsibility of the schools, therefore, is to prepare people to be caseworkers or groupworkers with a curriculum sharply designed to that end.

The other group finds the heart of social work in the development of services to meet human needs and problems. Professional competence requires a combination of basic knowledge about those problems and the possession of one or more of the various skills involved in the creation of service needed to meet them. The school therefore should train people to understand the character of these needs and equip them to develop, modify and render the range of services required.

The principle issue here is whether students are to be given a highly specialized technical education in the process of relating themselves to individuals and groups or given a broad knowledge of these problems and methods with only a beginning preparation in the practice of direct service to individuals or groups.

### Two Basic Concepts

The increasing demand for workers within the areas of community organzation and administration recently has highlighted the difference in these two basic concepts. In terms of the first concept the professional schools should train people only in these areas of organization and administration where the process of relationships between individuals and groups is of primary importance. In terms of the second, the schools should give their students basic understanding of the problems toward which organization and administration are directed and equip them to deal not only with individual and group relationships but also with problems of function, structure, finances, public relations, and the like.

These two points of view are not mutually exclusive, but there is real difference in emphasis at their extremities. School leaders in the fields of community organization and administration, for example, have made progress in determining the content of preparation for these fields. But social work in general is not fully aware of these recommendations nor necessarily in agreement with them.

Another aspect of this same issue is of critical importance. It is the view of some that many agency positions may legitimately be filled by persons without such training. Examples are found in the beginning positions in public assistance, public recreation and the like. If this view holds, the profession of social work will be defined and narrowly limited in terms of top jobs requiring a high degree of skill. The contrasting view is that all beginning positions in both the public and private service, require the maximum training and are to be regarded as within the area of professional social work no less than those at higher levels.

Thus the question of whether or not certain of the operations, practices, and services necessary to the conduct of social welfare programs can be set apart from a more limited area defined as social work practice, is still unresolved. Valid answers can be reached only after thorough research and discussion. But some basic agreement is needed before the schools can assuredly know what areas of service it is their primary responsibility to train people for.

### Generic *vs* Specialization

Another issue is reflected by conflicting trends toward more teaching of generic social theory, and at the same time toward the addition of new specialties for which people are trained within the two-year professional program. The tendency of professional workers to move from one specialty to another, the steady development of new types of service, exert pressures to equip the student for practice in any one of a range of major areas. On the other hand, great pressures are being put on the schools to supply people who can move in immediately to specialized positions in family casework, child welfare, public welfare administration, community organization, or social research.

In addition, many specialties such as medical social work, psychiatric social work, school social work, social work

in the courts, function in administrative settings closely related to other professions — doctors, psychiatrists, teachers, the judiciary. Social workers who expect to practice in these settings need knowledge and understanding of the fields of their fellow professional practitioners in order to help integrate the two services. The professional associations of medical social workers, psychiatric social workers, school social workers, and group workers, are all developing or sharpening their prescriptions for further specialized curricula to provide this basic understanding.

When this conflict between the pressures for both generic and specialized training is considered against the school background of slender faculty and field work resources, the solution is not easy. It must come by studying the subject matter of each specialty to see what of it may be appropriately included in the generic education of all students. For example, much of what a medical social worker needs to know about public health may be found to be necessary for the basic preparation of all social workers. It is only fair to say, moreover, that many doubt the feasibility of combining both generic and specialized training in a two-year course. If this is desirable, they feel, the course will have to be extended.

### Research

A final issue concerns the amount of research that should be required of all students in the graduate schools. Most of the schools are identified either by administrative line or historical development with graduate programs in the liberal arts and science where all students for a graduate degree are required to complete an independent research project. This practice has been followed by the social work schools, often coupled with the requirement that a student defend his thesis before a faculty committee.

Undoubtedly much valid research has resulted, especially throwing a new light on agency programs and practices in communities where schools are located. Undoubtedly, also, it has contributed technical research equipment to many students. The fact remains, however, that it is difficult for students to attain a high quality of research. Inability to complete the thesis has deprived some of their masters' degrees. Abortive as well as successful efforts of students to prepare a thesis have been a drain on faculty time.

Recently, therefore, it has seemed to some schools that this time might better be devoted to something else. Some are handling research through a seminar in which all students are assigned the same topic, and work as groups in developing schedules, collecting data, and formulating results. Others are taking a general problem and breaking it down into subdivisions more easily handled by the individual student in the time at his disposal.

There are those, on the other hand, who feel strongly that social work will never gain real public recognition until *all* students are taught to be "research minded" and some, at least, equipped to achieve distinction as "scholarly" persons making real contribution to professional and scientific knowledge. Thus another important area reflects our lack of common agreement about what the schools train people for.

### Courses of Action

It is not too difficult to chart a broad course toward which to bend our efforts to make progress in the solution of these problems. It seems to me that we need to (1) increase the resources for the two-year graduate professional training; (2) experiment with other, and perhaps better and more economical methods of training; (3) provide more generous policies for educational leave, stipends, and subsidies; (4) experiment with speeding up education for those who have had prior social work experience.

While most people would agree to this broad fourfold approach, there is sure to be plenty of controversy over its detailed application. Increasing present graduate facilities, for example, involves the expansion of the present schools and quite possibly the development of new ones. But who is to say what schools should be expanded and in what direction? Expansion by some schools undoubtedly would force contraction in others by loss of teaching personnel and field work opportunities. Which universities should be encouraged to develop new schools? At what rate will the profession support them?

The present standards of the AASSW, meager enough in view of the requirements of professional practice, nevertheless constitute a barrier to many universities with the impulse to develop professional education. Probably all concerned would agree that the stronger, more strategically located universities should be encouraged to start schools, and that weaker institutions, more remote from centers offering opportunities for high quality field work, should be discouraged. But we badly need centralized information about supply and demand for various types of positions in different geographical sections of the country.

Underlying all these approaches, also, is the central controversy between those who fear nothing so much as a lowering of present graduate standards and those who believe that the maintenance of these standards is actually lowering the quality of professional practice because the graduate schools are unable to man the field with personnel equipped at this high level.

It is to the solution of these and other educational issues that the recently organized National Council on Social Work Education is dedicated. Representing the profession, the schools and the public, it provides the machinery and framework for joint effort. If funds are secured, the proposed study of social work education, similar to those conducted by the other great professions, should provide or suggest answers to many of these very perplexing questions. Fearless research should develop new ways of making professional education more generally available.

BUT THE ULTIMATE RESPONSIBILITY for a high quality of professional service rests upon all of us. Agency boards and administrators, school administrators and faculties, professional workers everywhere are making day to day choices that determine the composite direction of trends in education and training.

The strength and skill with which we support good professional policies, educational leave plans, programs for staff development, our casual as well as our studied interpretation of the role of professional service must, in the last analysis, determine the quality of our professional product. The pressures on the schools are enormous. The combined resources for education and training are exceedingly slender. Unless all interests are able to unite to do their utmost, neither the quantitative nor the qualitative need for trained workers will be met.

# Campaign Battleground?

*Survey Midmonthly* reproduces below substantial excerpts from the stenotyped transcript of an address given by BASIL O'CONNOR, chairman of the Central Committee of the American Red Cross and president of the National Foundation for Infantile Paralysis, at a meeting of the National Social Welfare Assembly in New York City on May 6.

Mr. O'Connor's views of the "approaching battle" between the opposing "schools" of independent and federated fund raising were widely quoted in the press. *Survey Midmonthly* editors believe that readers will find of interest this fuller exposition of his text.

" . . . All I know about fund raising is that you have to have a cause. You have to dramatize that cause. You have to demonstrate that cause, and you have to capitalize that cause.

"Let us take what I think is a classic example of that in the last few years in this country. There had always been infantile paralysis before 1938 or before 1925. That was not a new disease that came upon the people but as I visualize it, infantile paralysis was over there in the cupboard labeled with the tag 'health.'

"I have said time and time again, . . . that everybody is interested in health, . . . [but] I believe it is impossible to raise any money in this country [for health] because health, as such, is a well-known abstraction and I believe it is impossible to support causes in the abstract. . . .

"What took place when we went to the cupboard of abstraction of health and pulled out one of those things in the cupboard and it happened to be infantile paralysis? It might have been rheumatic fever and how really that could be dramatized if someone would really dramatize. It might have been spastic paralysis. It might have been multiple sclerosis. It might have been cancer. It happened to be infantile paralysis and we took that out of the abstraction of health, and we identified it and our next step was to dramatize it. Of course, we overdramatized it.

"We dramatized it for the same reason we dramatize any fight. I know of no fights in the history of this country, or anywhere else, that have been won unless they have been dramatized. I know how we dramatized World War I and World War II. I know how we overdramatized it because that is how you win great fights and that is the way you do it in health and public welfare—at least in my opinion.

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"When you have dramatized your cause and demonstrated your cause all of that of course is of no value unless you can capitalize that cause . . . That, of course, is nothing more than saying [that] unless you have a fund raising organization that knows the simple things in fund raising which don't vary very much and which unfortunately, I believe, are becoming . . . so standardized that . . . we are building up in the people of this country an immunity in the mechanisms of fund raising. But unless you do have the mechanism for the people to subscribe, then it does fail. Curiously enough, that can happen.

"We are reaching a point in this country where we are going to worry about methods of fund raising and I say that very calmly and I say that very carefully.

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"We are reaching the point where there is going to break out an open warfare between the school of federated financing and the school of independent financing. Nothing is solved, I think, by saying—as I understood it was said to you yesterday—that those in favor of federated fund raising do not oppose independent fund raising. That solves the problem no more than the problem is solved when Mr. Stalin says that he is not opposed to capitalism as long as he is permitted to propagate communism everywhere in the world. So long as those of us who are of the schooling of independent fund raising insist that [it] . . . is the right school . . . that means we are opposed and unequivocally opposed to [federated] fund raising. . . . So long as the school of federated fund raising and joint fund raising . . . believes, as it must [believe] or it wouldn't be in it, that this is the sound method of raising funds . . . the battle approaching [is not lessened by saying] that anyone else can have any other system. . . .

"This battle is being forced because . . . those who are in favor of federated and joint fund raising and I do not infer they are bad people, . . . are pressing their claims. They are pressing their claims all the way from the Permanent Charities Committee on through the Gunn-Platt report sponsored by the National Health Council or at least said to have been sponsored by the National Health Council. . . . That throws the challenge on the table as one between federated fund raising and independent fund raising. . . . I should like to see that battle avoided.

"[But] frankly, I cannot personally go along with what I refer to intentionally as the communization of either health or welfare activities or in fund raising in connection with them. I use that word advisedly because I believe that that movement—even [though] those in it may not realize it—is nothing short of what should be properly described as the communization of fund raising and health and welfare activities.

"I have a very simple objection to that, and I shall coin a phrase when I say to you that my objection to it is that it is not the American way of life. It is not the American way of life. There is no more room nor reason nor cause for the communization of our health and welfare activities . . . than

there is for the communization of our insurance companies or our banks or our oil companies or our industry. . . . I am not saying to you in any sense whatsoever, that those who favor federated fund raising or joint fund raising are communists in any sense of the word. I am not indicating to you that they are motivated by anything . . . but the best of intentions. . . . I am saying to you and to them rather pleadingly that I don't believe they realize the implications [which would be] involved, . . . if the theory on which they proceed were successful. And surely they should wish it to be successful.

"We have had distressing experiences recently because of these two schools that are preparing to battle . . . with the Permanent Charities Committee in Los Angeles so far as the Red Cross and the National Foundation are concerned. The only position we took there was the simple position [that] we could not engage in federated fund raising, and the Permanent Charities knew that. . . . Nevertheless, . . . the motion picture industry (it might have been the steel industry) . . . insisted that a health and welfare organization adopt the method of fund raising which an industrial concern wished to pursue.

" . . . I think if you will take home with you the problem of an industrial organization seeking to impose upon a health or welfare organization a method of fund raising which an industrial organization wished to engage in . . . you will see I am not taking the time today to talk you about something that is not of profound importance. And I think the profundity of my remarks was evidenced in the challenge thrown to the American people by the so-called Gunn-Platt report.

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". . . These people have had no greater champion than they have had in me, so that you may know I have no ulterior motive to champion one cause or another. Therefore, when I talk to you as sincerely as I know, I am talking to you against joint and federated fund raising. . . . I am as positive as I can be of anything that has not yet happened that that spells the ruination of all private health and welfare activity, and I think if you will take that thought home and develop it, you may reach the same conclusion.

"There are 446 major industries in this country. How many labor unions there are, I don't know. How many fraternal organizations there are in this country, I have no idea. But I do know if the amount the American Red Cross was to have this year depended on one of those institutions, nothing but chaos would result. I repeat, . . . we can't discuss joint fund raising [as appropriate for some and not for others]. We have to bring out [its] good things on a total basis, and in my opinion, joint fund raising means the end of private activity in this country in health and welfare activities.

" . . . I am convinced that when the time comes that great organizations such as the Tuberculosis Association, the American Red Cross, and great unknown organizations, . . . have to depend for their existence on the say-so of the heads of the 446 industries in this country, the heads of thousands of labor unions, and other organizations, as fine individuals as they may be, they will find out that they are through their work. Furthermore, I submit to you that those on the other end of the stick . . . in industry, in the labor unions, who are susceptible to this possibility . . . [will find] that a tremendous reaction will come . . . which will not help us so much in this work.

" . . . I should say to you frankly, because the American Red Cross is your Red Cross and the National Foundation is your National Foundation, [that] this last year we have spent too much of your time and too much of your money in this controversy which we did not seek but which has come on the American people.

"And this is not the first time, as you well know, this has come on. This is the same kind of repetition that came on after the first World War. I wish we had more time for those things that we need to do so much. I wish we could get away from childish talk about organizations having too much money. . . . I assure you that I am certain that no organization could have too much money. I wish we could all feel as the great organizations I represent feel that we want everyone to have enough money. I think we have demonstrated that. I think in both of those organizations by using the facility of those organizations and thus enabling them in a sense to have some finances, we have shown that spirit.

"I am sure that it may be true that many organizations do not have enough, but I am equally sure that that does not prove directly or indirectly that any other organization has too much.

"When we look around the world today, and these are the kinds of things we should be interested in primarily, we must be interested in fund raising, but primarily our great interest is this, when we look around the world today, the place that health takes in our existence was never so vividly demonstrated as it is by its lack today the world over. . . .

"I am not speaking about perfect health. I am just talking about some health. There is the greatest opportunity in the world today for groups like this . . . to make the greatest contribution health and social welfare activities ever made. The world today is crying for that fundamental need without which anything else is of no value—namely, health. . . ."

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*If your name is to live at all, it is so much more to have it live in people's hearts than only in their brains. I don't know that one's eyes fill with tears when he thinks of the famous inventor of logarithms.*

—OLIVER WENDELL HOLMES

ISLAND WELFARE

# *Training in the Philippines*

**A "starting from scratch" experiment in social work training, described by ALICE STEPHAN WHELAN, ARC staff member.**

Almost everyone now has at least a dim picture of the devastation and disorganization which faced the Philippines, after our army had slowly pushed the Japanese to the wall—Manila a battleground, much of the country demolished, its economy sucked dry by the enemy's occupying forces. The immediate problems of relief, the larger range tasks of rehabilitation were overwhelming for a new nation, then still in embryo.

American Red Cross advisers arrived in April 1945. Their task was not only to assist in the reconstruction of the Philippine Red Cross but to give every possible aid in rebuilding whatever welfare and social service resources were at hand. Immediately we were confronted with an almost complete lack of personnel with even the most meager training. Not only was this true of the Home Service Department of the Philippine Red Cross, but the officials of the Department of Public Welfare, the Philippine Relief and Rehabilitation Administration, the YWCA, and other indigenous agencies were faced with the same grave problems. People who applied to us for administrative and staff positions were the first to admit their shortcomings and inadequacies.

During the first few months we were all preoccupied with problems of organization, but it soon became apparent that something had to be done to prepare people better for the tremendous responsibilities they were carrying. The story of how we worked it out may not, in some respects, seem so different from the story of what American agencies have done in past times of great personnel emergencies. But in an oriental setting, culturally unlike the United States, at a time when a new nation was just beginning to shoulder its own responsibilities, we were dealing with the raw materials out of which social service in the Islands ultimately may be fashioned.

There were altogether eight or ten welfare agencies in the Islands. In January 1946, representatives from these agencies met with people from a few of the more progressive educational institutions to see what could be done. The idea of social work training was enthusiastically received. Because of my social work background I was appointed chairman of the planning committee, despite the fact that I had had little experience in guiding an educational program. But neither had anyone else.

There was nothing to do but begin from scratch. The Philippines have never had a school of social work. Before the war Filipino welfare leaders made a few attempts to create recognition of the need for trained workers in the mind of the public. The results were negligible, however, primarily because there was little incentive for training. Social work had always been looked upon as a field into which anyone could go irrespective of his education or experience. Salaries in public and private agencies were low, and the Philippine Government had never paid enough to attract the best qualified people.

There were other handicaps. It was no time to start something new. The country was in a pitifully distressing state—economically and physically. The government was in no position to support a training program, even if it had been convinced of its importance. Universities and small private educational institutions were far too busy rebuilding and scouring the country for funds to bring back their old departments to be interested in a new department. The few United States trained Filipinos in the Islands held positions of major responsibilities and were too heavily burdened to give the time necessary to the preliminaries of a well-managed school of social work. On top of that, by March, we were running into the hot season.

Moreover, we Americans knew that if this experiment were to have any lasting value it had to be a Filipino enterprise rather than an American one. Many Filipinos are far too inclined to take an American's work as the "gospel," upon which he will act whether or not he agrees or even understands. If an American is to provide lasting leadership, he must be careful to contribute to, rather than to dominate, the beginnings of any organization later to be managed by the Filipinos themselves. Before we could decide upon organizational procedures, which seemed simple logic to us, it was important to wait until some Filipino members of the committee came up with the idea. Many times suggestions were incorporated into the program primarily because they were Filipino-initiated rather than because we felt they were practical from the American point of view.

To complete the picture, one must visualize transportation obstacles which made it very difficult to hold committee or faculty meetings. The telephone would work one day and be out of order the next. Paper for printing or mimeographing material for the students' use was scarce; costs way out of reach. There was absolutely no social work library. A few copies of social work yearbooks, individually owned, and some recent American Red Cross publications were all one could find.

### Refresher Course

Nevertheless, by the second week in March, we were able to open our first "Refresher Course for Social Workers." The National Teachers College contributed a classroom. A two-peso (one dollar) registration fee was fixed as a not too high tax on strained incomes, which would nevertheless avoid the impression that this was "something for nothing." It was expected to cover janitor service and other incidental expenses, but we grossly underestimated these and at the end had to levy another fee to cover printing and mimeographing expenses.

We stressed from the beginning that this was a refresher and not a full training course, although we did agree to give a certificate to those who passed their examinations satisfactorily. Two prerequisites for entrance were

established: (1) two years of college or its equivalent; (2) experience in social work or sufficient knowledge of sociology and psychology. The latter phrase, as one may guess, was to give plenty of leeway to the committee in determining whether or not to admit a student.

We had originally anticipated about 50 applicants, but within two weeks we had 150. Many were not qualified by our original standards, but partly as a path of least resistance against tremendous pressure from people who insisted "that the course was just what they were looking for," and partly not to dampen enthusiasm, we relaxed them somewhat. The final enrollment was 120. About half of them dropped out, 64 appearing for the final examination. Most of this loss, however, was because students from Manila agency headquarters were assigned to provincial outposts before the course was completed.

The curriculum itself consisted of a group of twenty-seven lectures, of an hour and a half apiece, presented each day, Monday through Friday, for five and a half weeks. Our intention was to try to give some understanding, first, of the social problems in the Islands, with particular reference to the postwar years; second, the public and private agencies available at present for meeting community needs; third, methods applicable to individualized service, *i.e.* family casework, medical casework, groupwork; and fourth, methods of administration and supervision.

Obviously, we were attempting to cover a broad field, and it might have been wiser to center our curriculum around a few or even one of these subjects. But the fact is that it would have been impractical, even if wiser. There were very few specialists in any one field and all were holding positions of great responsibility. Most of them could afford only one lecture.

The faculty included thirteen Filipinos and eight Americans. All gave their time voluntarily. Americans were invited to talk on topics of psychiatry and modern casework, since it was believed that their knowledge in these fields would be fresher than that of the Filipinos. But Filipinos handled all topics which dealt with the social problems in the Islands, the existing social agencies, the philosophy of relief agencies, and other material which related exclusively to the Philippines.

Filipinos perhaps place more emphasis on the formalities of graduation and a certificate than we do. Our examinations were of the "objective" type, based on the notes of the lecturers which had been distributed to everyone. The papers were graded "on the curve" and ten people failed.

They pleaded their case very effectively, however, and the advisory committee gave them a chance for a make-up test, along with a few others who could not be present at the original exam. So at our final graduation ceremonies, we boasted 66 graduates. The ceremonies were simple, but each was given his certificate, as tangible evidence, inscribed with the name of the advisory committee.

### Future Plans

What of the future? Will these modest seeds, sown in the wake of a retreating enemy, offer any harvest to the Philippines' own growth in social

American Red Cross

**Refresher course helped willing but untrained workers in clinics—**

Official Philippine Red Cross photo

**—and interviewers aiding bereaved families file claims for benefits**

welfare planning? Only time will tell. At the very least there are now 66 people who for five and a half weeks heard constantly repeated a new theme and philosophy—that the most constructive services were those which tried to build up the individual's own dignity and which helped him to utilize his own strengths.

Moreover, some practical results already can be noted. After graduation I called together the advisory committee to discuss plans for the future. The director of the Bureau of Public Welfare was elected chairman. A very competent woman, trained in the United States in sociology, she brings to her task wide experience in social work practice in the Islands.

At this initial meeting, opinion was divided as to whether to continue more refresher courses or to try to establish more formal training. Since then, however, the National Teachers College has initiated an introductory course in social work in the undergraduate curriculum. If this curriculum develops and is adopted by other schools, it should serve gradually to raise standards and requirements for persons practicing in the field. Arrangements also have been made in the States to send a beginning social work library to the National Teachers College for general use by all welfare agencies as well as the school itself.

Certainly the new Philippine nation has already felt the impact of American influence on the development of its social service. This has come not only from this initial refresher course but from the many aspects of social welfare to which Americans contributed, before as well as after the war. But theirs is essentially an oriental culture, with standards and ways of thinking that are different from ours. And, unfortunately, they have tended to emphasize the extrinsic values of the American education rather than the intrinsic. Too often, importance is attached to the possession of a degree or certificate, and not to the possession of useful knowledge and skills. Filipinos become doctors, lawyers, and engineers with no notion of practicing medicine, law, or engineering. Trained nurses become teachers, trained teachers go into business. The recognition which goes with a certificate or title is too often the important thing.

My Filipino friends, however, are less doubtful. They see these initial achievements through the eyes of their own culture, which has always proceeded at a less hurried pace.

# *Puerto Rico Public Welfare*

**MARIA E. DIAZ de ECHANDI of the social work faculty in the College of Social Sciences, University of Puerto Rico, asks help from mainland colleagues in raising welfare standards.**

"The year 1943-44 marks the beginning of a new era in public welfare in Puerto Rico," wrote the commissioner of public health in his report of that year to the governor. Old laws had been revised and a division of public welfare set up in the Department of Health. General assistance to the needy, services to children, supervision of private children's agencies, administration of institutions were all provided.

Since then, Puerto Rico has worked hard to make this prophecy come true. The insular budget contains $1,800,000 for the division of public welfare; in addition, there have been emergency appropriations. A study showed that in relation to its resources Puerto Rico was making more efforts to finance public assistance than any of the mainland states. And this in a community where the average per capita income is only $184. Here, too, social workers have been doing their part in providing leadership for the program. In the Thirties, they organized the Insular Society of Social Workers of Puerto Rico, which later became the College of Social Workers of Puerto Rico.

Yet this effort to pull itself up by its own bootstraps has gone largely unacknowledged and unrewarded. Puerto Rico was expressly excluded from the benefits of the Social Security Act when, in 1935, Congress passed the law providing federal aid to the aged, dependent children, and for social insurance for the aged and unemployed. Four years later, the public health and maternal and child welfare provisions of the act were extended to the Island. Except for that, Puerto Rico still remains the "forgotten territory."

### Bricks Without Straw

At the end of last year, approximately 34,000 families were receiving assistance grants from the division of public welfare. At that time, applications from some 45,000 families were still pending and those receiving grants were being given a flat amount of $7.50 a month.

Mortality and morbidity rates are high. In some towns, not a single infant death has ever been attended by a physician. An estimated 6,000 hospital beds are needed for tuberculous patients; at present, there are only 1,500. Even the smallest communities have slum areas. Forty percent of the children do not go to school, and of those who do, many go only half time.

The war did not pull Puerto Rico and the Virgin Islands out of their depression—as it did the mainland.

Their men and women went off to war and many did not return. At times, there was danger of direct enemy action and the submarine warfare in the Caribbean made actual starvation a real danger, by cutting off supply lines. Living costs increased 50 percent and some of the most essential staples rose much higher. The basic Puerto Rican diet, through necessity and custom, consists of rice, beans, and dried codfish. The cost of rice and beans has gone up 100 percent and codfish 250 percent.

Employment did not go up as it did on the mainland. On the contrary, it went down. There were no shipyards, munitions plants, plane and tank factories in Puerto Rico and the Virgin Islands. Construction of army and navy defense installations in 1941 and 1942 brought only a temporary burst of activity, and because of shipping shortages—and shipping is an island's life line—many local industries either shut down, or cut their labor force.

Only the mainland liquor shortage saved thousands of American citizens in Puerto Rico and the Virgin Islands from complete destitution. For a couple of years, rum sales substantially increased, and this new tax revenue made it possible for the insular government to step into the breach with emergency appropriations.

Even so, the public welfare division uniform grant is $7.50 a month, and it grants nothing at all to families that can supply more than 15 percent of their own needs. This is not China or India or an occupied enemy country, but a territory of the United States.

### Attempts at Action

Puerto Ricans have lived in distressful poverty for years. They have been largely inarticulate in pressing their demands on the insular or federal government for the right to enjoy decent, productive lives. Their privations, sufferings, necessities have been known and appreciated mainly by the social workers, who have been trying to serve them.

From almost the beginning, the College of Social Workers has been trying to bring pressure on both the insular and federal governments for a more adequate public welfare program. Some successes may be recorded, but they are meager in relation to the need. In 1936, three representatives from the then "Insular Society of Social Workers," were sent to Washington to protest against exclusion of the island from the Social Security Act. In 1939, as already indicated, the Act was amended to make the health titles applicable to Puerto Rico.

In 1941, the College of Social Workers prepared several social welfare bills, subsequently introduced in the insular legislature. These included the separation of public welfare functions from the Department of Health, and the set-up of an independent Social Welfare Bureau; the establishment of a new juvenile court system; increases in the bed capacity of antituberculosis centers; creation of a committee to study social insurance, and so on. While the preparation and presentation of these bills undoubtedly had some educational value, legislation did not result.

Three years later, two Puerto Rican women, social workers representing the college, were sent to Washington to try again for congressional action to include the Island in the Social Security Act. They attended hearings, interviewed legislators, and were given invaluable assistance by representatives of the Social Security Board, Children's Bureau, Department of the Interior, and the federal agencies. No congressional action resulted, however.

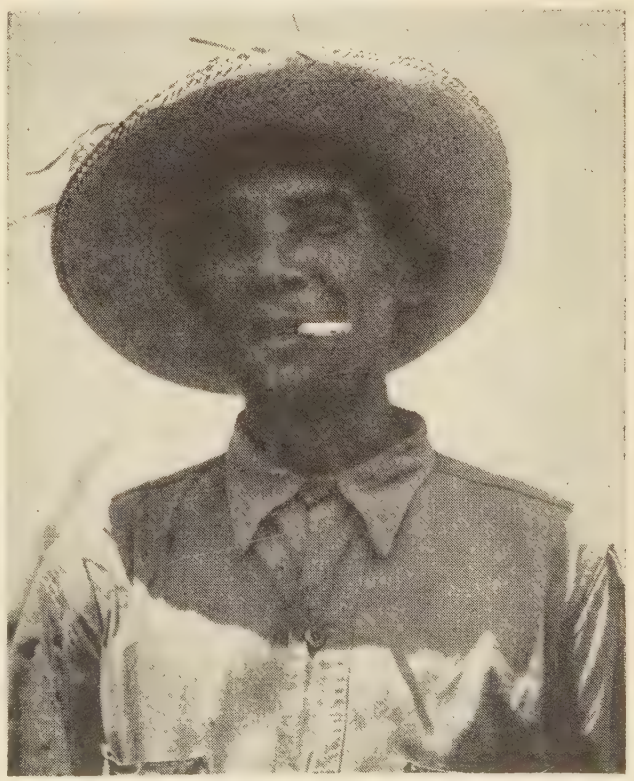
The most recent attempt to impress Congress with its responsibility was made in May 1946. Celestina Zalduondo, director of the public welfare division, together with the president of the College of Social Workers and the chairman of the public welfare board, went to Washington to appear before the House Ways and Means Committee. They proposed that only the public assistance titles of the Social Security Act be extended. Miss Zalduondo estimated that this would enable the division to assist 67,500 persons. Monthly grants for the aged could be raised to $8.50, for dependent children to $22.50, and for the blind to $9.50. The total annual cost to the federal government would be $2,700,000 and the insular cost $3,100,000.

However, the nature of the emergency problems before the United States Congress last year made necessary the postponement of all major amendments to the Social Security Act, including those affecting Puerto Rico.

While this record of effort far outdistances the record of achievement, we see no other course than to keep trying. Social workers are, on the whole, what may be called an enlightened group. They see and know, as does no other group, the poverty and misery in which so many of the people live. Opposition from both the insular and federal government is to be expected, but that should merely help determine the methods to overcome it.

One thing needed is a greater mobilization of insular opinion to back the measures proposed by the College of Social Workers. The necessities of the population need to be stressed through the newspaper, the radio, speeches, and other media. Puerto Rico has quite a number of community organizations, such as Rotary, the Lions Club, the Altrusa and others. We are thinking of organizing these groups and the social work agencies into a Welfare Council. The conclusions and recommendations of such a body would carry more weight than the College of Social Workers alone.

Finally, we would like to plead for some cooperation from our colleagues on the mainland. To exert pressure on the federal authorities, cooperation is very badly needed from continental organizations such as the American Association of Social Workers, the American Public Welfare Association, the AFL and CIO, and others. It should not be too much to ask these great continental groups to work with us to improve the human welfare of thousands who are, after all, United States citizens.



**Sugar worker: lives in company house on large sugar farm near Lajas. Though a United States citizen, he has few advantages**

Puerto Rico Office of Information. Photo by Delano

# THE COMMON WELFARE

## *Jump the Gun*

With more and more people caught in the squeeze of rising living costs, and feeling shaky ground under their feet as they surveyed the shifting, threatening scene of international and domestic living, public opinion in at least two large cities found a temporary scapegoat this spring in families on relief.

In March, the metropolitan press of Boston featured several articles on the high assistance payments made by local boards of public welfare, particularly to ADC families. Criticizing the state standard budget as being wasteful of the taxpayer's money, these articles charged that assistance families were receiving higher incomes than many employed self-supporting families in the community. The publicity was based on payments being made to unusually large families having no income other than assistance.

An editorial, appearing in the March-April *Bulletin,* published by the Greater Boston Community Council states that the average monthly payment to ADC families in December 1946 was $93.93, and queries: "How much less than minimum family needs should a local board grant to an assistance household?"

The same problem of an uninformed press and public created a furor in New York City early in May when two evening newspapers reported in thundering headlines that thirty-seven relief families were being lodged in hotels with restaurant allowances. By way of ensuing public statements issued by the commissioner of public welfare, Edward E. Rhatigan, and groups such as the Citizens' Committee on Children of New York City, the Greater New York CIO Council, as well as better informed writers on other newspapers, the city's reading public learned:

That, because of the city's acute housing shortage, the public welfare department had made 30,000 contacts with landlords in behalf of over 3,700 homeless families, one percent of which had had to be placed temporarily in cheap hotel lodgings in order to find any shelter.

That the city caseload had risen since V-J Day from some 93,000 cases to almost 126,000, and that this mounting pressure to handle new applications was countered by a staff shortage of almost 800 persons, so that few caseloads had adequate coverage.

That the 233,000 people on relief in the city were receiving an allowance of $1.31 per day per person for all expenses, which the New York Budget Council had stated was 14 percent below a minimum subsistence level.

The moral of the affair was pointed out by Edna Baer, executive director of the Brooklyn Jewish Child Care Conference, who, in commenting on "this irresponsible attack on indigent families," said that "if the department of welfare and responsible community leaders had continuously interpreted and publicized the real needs of families whom they serve, and the severe handicaps under which this service is given, these scurrilous headlines would have fallen on deaf ears."

Social work has committed itself to a program of working toward basic security and fair opportunity for the citizens of this country. It now seems quite clear that this program is going to be under attack in the days to come. This is another spot where remedial measures are not enough. Patching up may have to be done with one hand, but preventing will have to be done with the other. One way to prevent the results of misinformation and lack of information is to "get there first" with the facts.

## *Interpreter*

Mary Swain Routzahn, pioneer in the interpretation of social work and health education, retires this summer from her position as director of Russell Sage Foundation's department of social work interpretation. Mrs. Routzahn, who has held the post since 1935, is well-known to thousands of social workers over the country as a leading authority in the field of interpretation. And to many of our social agencies she has been a wise and valued counselor in the ways of getting social work's story to the public.

Beginning in 1912, in the foundation's department of surveys and exhibits, Mrs. Routzahn and her husband, the late Evart G. Routzahn, developed many of the present-day techniques in presenting information for public understanding. During World War I they originated the Food Conservation Train which demonstrated ways of saving foods. They organ-

ized the public health section of the American Public Health Association, developed guides and study courses for students of publicity techniques, and conducted courses in that field.

Mrs. Routzahn had a major part in the founding of the National Publicity Council for Health and Welfare Services and directed its work for many years. The council will now carry on many of the activities for which Mrs. Routzahn's department in Russell Sage Foundation has been responsible.

Winner of the first National Award in Health Education, made in 1944, Mrs. Routzahn is author of "Traveling Publicity Campaigns," and, with Mr. Routzahn, of "The A B C of Exhibit Planning," and "Publicity for Social Work." She has also published many pamphlets and articles. Her most recent piece of work, "How To Interpret Social Welfare," written in collaboration with Helen Cody Baker, will be published by the foundation later this year.

Happily, for social work, Mrs. Routzahn will continue teaching courses in social work interpretation

at the New York School of Social Work and will serve as a consultant with the National Publicity Council.

## *Double-edged Ax*

The remarkable improvements made in VA's department of medicine and surgery in the past two years, are being jeopardized by a "threatening double-edged ax of false economy" on the part of Congress, writes Dr. Howard A. Rusk in *The New York Times* of May 4. He reported an increasing number of able young physicians quitting the VA service for private practice as a result of uncertainty about congressional approval of the $7,300,000,000 appropriation requested for the next fiscal year. Of this $5,275,000,000 is for cash disbursements to veterans under existing laws; $1,365,000,000 for medical and related care, educational tuition, and counseling, hospital construction and other indirect expenditures; and $430,000,000 for administrative costs.

Skepticism has been growing, reports Albert Deutsch in the newspaper *PM*, ever since the so-called "big freeze" in February. Then General Omar N. Bradley, in anticipation of congressional economies, ordered the freezing of all VA employes in their present grades, halted all further employment, put a sharp curb on travel, ordered the closing of contact offices in branch areas, and drastically curbed out-patient treatment of veterans with service-connected disabilities by private doctors on a fee for service basis.

A recent deficiency appropriation will make it possible to liberalize these freeze orders, Mr. Deutsch reports. However, according to a recent statement from the State Charities Aid Association of New York City, the freeze orders "had immediate and serious effects on medical service for veterans in New York State. The 600-bed hospital at Sampson has 200 beds unavailable due to inability to appoint personnel. Halloran Hospital . . . has 140 beds unoccupied for the same reason. The number of veterans awaiting hospitalization in New York State stands at 3,125."

Warning on the current budget-cutting wave has been voiced by Dr. Karl Menninger, manager of the Winter Veterans Hospital in Topeka, Kan., where he has organized a large sized psychiatric training program. In a letter to General Bradley, released early in May, he wrote:

"Members of our teaching and professional staffs have worked 12, 14, and 16 hours a day during the past year . . . without claims for overtime pay. . . . The proposition has been held out from the beginning that if earning money were the applicant's chief object, most people could earn more elsewhere, but that if scientific idealism and service to the veterans were important considerations, this hospital and the VA generally could offer them a fortunate opportunity." Now "they are disturbed by these sharp retrenchment orders . . . by the loud headline talk on the part of Senators and Representatives about 'firing a million government workers.' . . . The effect . . . is to injure morale to the point of bitterness, and sometimes almost to the point of panic."

## *Why?*

As this issue of *Survey Midmonthly* goes to press, many obstacles confront H.R. 2910, the measure introduced by Representative William G. Stratton (Ill.), which would permit entry of 100,000 displaced persons into the United States each year for the next four years. In the hearings of the House Judiciary subcommittee, the first week in June, fears were voiced in terms of a coming recession, and the possible effect of an incoming group on jobs and housing. On the other hand, the fact that many citizens favored the bill was apparent, for one committee member complained about the barrage of mail he had received urging favorable action.

*The New York Times* reported on June 8 that after hearings in the subcommittee and the full committee, the bill must go to the Rules Committee, which also has many opponents of the measure.

The Stratton bill is an emergency measure which, leaving existing immigration laws untouched, proposes that 400,000 of "the last million" (see "World Relief Crisis," *Survey Midmonthly*, April 1947), now languishing in camps in Germany, Austria, and Italy, be admitted to this country, outside the regular quota system, but subject to all immigration restrictions. The figure represents less than half the quota numbers unused during the war years. Under the provisions of the bill, existing immigration barriers against mentally and physically unhealthy individuals would be retained.

Money now being spent for support in the camps would be saved and immigrants would be insured against becoming public charges, since relatives, friends, churches, and civic organizations have agreed to pay all expenses and provide shelter. Further, the plan calls for distribution of these newcomers to various parts of the country to help relieve farm and domestic labor shortages.

Two obvious alternatives to this solution for the DP problem are forced repatriation and indefinite maintenance of the camps. In the best American tradition, our representatives led the fight in the United Nations sessions against forcing people to return to their homeland against their will. Indefinite maintenance of the camps means a continuing economic drain on the contributing nations and an unspeakable human drain on these stateless people. Much has been said about the need for this country to assume a fair share of responsibility for world leadership. But, as one columnist put it: "Who will heed the voice of America if it speaks in one sense and acts in another?"

The Stratton bill is favored by President Truman, the State, War, and Labor Departments, the AFL, the CIO, and many national organizations. Favorable expression of opinion has come in from many citizens. Yet Capitol Hill observers see stiff opposition in congressional committees and their bets are against legislative action this session. Why?

## *Heartening Plans*

Significant steps toward an all-out fight against this country's No. 1 killer were taken by the American Heart Association at its 23rd annual meeting in Atlantic City in June.

New by-laws were passed, providing for establishment of a policy-making assembly of 150 members, and admission, up to 50 percent, of non-physician members to the assembly, board, and executive committee. Newly elected members of these groups immediately set to work on nationwide expansion plans. On hand were appeals for help in developing local programs from five states and twelve communities.

New president of AHA is Dr. Arlie R. Barnes, Rochester, Minn. Thomas I. Parkinson, president of Equitable Life Assurance Company was named first lay chairman of the board.

# HERE IN WASHINGTON

CONTINUED INACTION ON THE part of the Joint Economic Committee has gotten under the skin of some of the committee members. In a recent blast on the Senate Floor, Wayne Morse (R. Ore.) demanded that the committee present Congress with its findings and recommendations with respect to the President's Economic Report. Said Senator Morse:

"The big question before the world today is whether World War II is to be followed by another period of boom and bust . . . a period that will lead once again to worldwide depression, bitter economic conflicts between nations and perhaps to war itself. Today the world is looking toward America and, I am ashamed to admit, somewhat skeptically. They are afraid we haven't learned our lesson."

Taft (R. Ohio) as chairman of the Joint Committee is charged by some committee members with "sitting on the lid" of price talks. He has postponed the promised hearings on the plea that he was waiting for answers to more than 600 questionnaires sent out by the committee through Dun and Bradstreet to businessmen, labor and farm leaders. A report submitted by one of the committee's own experts has been shelved and the report of the President, to quote Morse, left "filed, forgotten, and forlorn." The President's report was based on the advice of the Economic Council set up under the same act creating the Joint Committee.

Meanwhile, the present recession is accepted as a fact even by big business and a major depression is cynically forecast for the early Fifties.

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THE UPROAR IN THE SENATE Labor and Public Welfare Committee over Dr. Marjorie Shearon, appointed to the committee as a health expert by Senator Taft, seems to have ended in a victory for the anti-Shearon forces, since the lady is to leave the committee at the end of the hearings on the national health insurance bill.

Senator Murray (D. Mont.), in a statement to the committee charged Dr. Shearon with having taken strong positions pro and con on legislation under consideration. He was supported by Senator Morse (R. Ore.) and Senator Donnell (R. Mo.).

Dr. Shearon went to the capital from the Republican National Committee where, according to the Murray statement, she devoted her energies to fighting health legislation.

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THE PRESIDENT'S RECOMMENDATIONS on a health and disability insurance program got a very cool reception in majority ranks on Capitol Hill.

Senator Taft, chairman of the Senate Committee on Labor and Public Welfare, said that his committee plans to take up his own proposal within a few weeks but he doubted whether it would be ready for the floor this year. This is a federal-aid-to-states plan for medical and dental care.

The President's recommendations have been put into legislation form by a bill (S. 1320) sponsored by Senators Murray, Wagner, Chavez, McGrath, Pepper, and Taylor. It is similar to, but not identical with, the bill introduced in the last Congress.

In his message, the President stated that he regarded a health insurance plan as a logical extension of the Social Security system. It is the unusual approach that the Senate majority does not like.

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THE SENATE COMMITTEE ON Expenditures in Executive Departments expects to bring out a bill creating a Department of Health, Education and Welfare before the recess. It may not be either of the two bills under consideration—Taft-Fulbright (S. 140) or Aiken (S. 714)—but it will go on the Senate calendar with pressure from the committee for action. Chances that the bill will come up for a vote before the members go home for the summer are, however, slight.

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RENT CONTROLS EXPIRE JUNE 30 and the President is afraid that Congress is planning to pull another OPA play—that is, send him a bill so late he will have to sign it to preserve any semblence of control but so ineffective that he might as well throw it into the wastepaper basket.

The Wolcott bill, already passed by the House, is before the Senate, but no action has been taken and at this writing none is scheduled. It would extend control until December 31 of this year but would mean a 15 percent increase for most renters. The Buck bill, reported out by the Senate Committee on Banking and Currency, is also before the Senate but it would have to pass the House or be approved in conference if substituted for the Wolcott measure. It extends controls until February 1948.

A third bill, sponsored by Senators Murray and Wagner, would keep the rent situation in status quo for another year. It has not been reported by committee and its chances of coming to the floor for a vote are slim. Senator Murray may offer it from the floor as a substitute, but he will have little support in the Senate and still less in the House.

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AS A HIGH LIGHT OF THEIR CONvention last month the Daughters of the American Revolution voted to "dedicate themselves, not casually, but earnestly to the business of recognizing and exposing communism wherever it is seeking to entrench itself or has already done so."

Altogether the "Daughters" passed twelve resolutions aimed at fighting communism, maintaining immigration and naturalization barriers, opposing federal aid to education, and so on.

The delegates specifically went on record against an amendment to the Nationality Act which would permit the parents of veterans who are 50 years old and have lived in the USA since July 1, 1925, to become citizens, even though they cannot read, write, or speak the English language.

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A SUBCOMITTEE OF THE SENate War Investigating Committee has been named to study the Greenville, S. C., lynching acquittal. Homer Ferguson (R. Mich.) is chairman.

Meanwhile, the Department of Justice, shocked by the reception given confessions obtained by the FBI, is considering whether the twenty-eight defendents might be held responsible under federal Civil Rights provisions.

Piere Sahender

# THE COUNTRY OVER

## Employment

After long delay, the Senate-House Committee on the Economic Report has announced that it will begin hearings June 23 on the general business outlook. Senator Robert A. Taft, chairman, expressed the hope that the hearings could be completed in two weeks, but stated that it would not be possible to give Congress a full report at the present session.

Before announcing the hearings, the committee had studied the findings of an independent survey of business expectations prepared by Dun and Bradstreet. The survey, based on answers to a questionnaire, indicated that the next six months will see: a drop in prices of most goods, in spite of higher wages; higher output per man hour; higher labor cost per unit of production; some decrease in employment; a shorter work week; higher dollar volume of inventories; more plant capacity; lower profits. Those questioned were predominantly business men, with some representation of labor, farmers, economists, and newspaper editors.

Senator Taft announced that in the hearings the committee would seek to get the broadest possible cross-section of public opinion, and would hear and question representatives of such organizations as the AFL, the CIO, the U. S. Chamber of Commerce, Americans for Democratic Action, National Industrial Conference Board, Committee for Economic Development.

### Unionization

That labor unions have continued their wartime growth is indicated by figures recently given out by the U. S. Department of Labor. This report shows that 14,800,000 workers now are covered by union contracts. It lists 22 manufacturing industries and 12 non-manufacturing fields in which 80 to 100 percent of the workers are under union contracts.

The total number of workers covered is 1,000,000 higher than the figure for the end of hostilities, and more than 4,000,000 above the 1941 total of 10,300,000. The workers now represented by unions comprise 48 percent of the 31,000,000 individuals employed in fields where unions are active. Those covered by closed and union shop contracts increased in 1946 from 6,200,000 to 7,400,000. Of the workers covered by contract, 41 percent have some sort of dues check-off.

### Miners' Diseases

A comprehensive five-year study of miners' occupational diseases, financed by a $575,000 grant from the Anthracite Health and Welfare Fund, will be conducted by the Jefferson Medical College at its hospital and laboratories in Philadelphia and White Haven, Pa.

The study will have a fourfold purpose: fundamental research into the nature and mechanism of these diseases; applied research into the incidence, means of prevention, safety measures, disability, and other similar problems; the care of those suffering from occupational diseases; educational programs for physicians, public health bodies, miners, and so on.

### ILO

The question of wages will be the major item on the agenda of the 1948 session of the International Labor Conference. A general survey of the wage problem will be made, with special reference to fair wage clauses in public contracts, and the protection of wage standards. The survey is expected to cover the relation of wage policy to industrial production and employment, guaranteed wage, and the adaptation of wartime wage rates and wage policies to current conditions.

Other items on the agenda will be a report by Edward Phelan, director general of the ILO, employment service organization, vocational guidance, and reports on the application of conventions (treaties).

The agenda was decided upon at a recent meeting of the ILO's governing body at Geneva. The place and date of next year's conference will be set at the June meeting of the governing body. This will be the thirty-first session of the conference.

### State Labor Laws

A number of states in their 1947 legislative sessions enacted measures curtailing union activities. Iowa became the eleventh state since 1944 to ban closed and union shops. Other states adopting similar legislation this year were Arkansas, Arizona, Georgia, North Carolina, North Dakota, South Dakota, Tennessee, and Virginia. Bills passed in Ohio and New Mexico provide that constitutional amendments outlawing the union shop be submitted to the people.

Iowa also enacted a law prohibiting the secondary boycott and the jurisdictional strike.

In Minnesota, the legislature passed an anti-secondary boycott bill which has provisions that can, in effect, outlaw the closed shop. Minnesota also made it illegal for hospital employes to strike.

A new Texas law limits picketing by defining "mass picketing" as the spacing of pickets closer than fifty feet apart. Not more than two pickets may be placed at any gate of a plant where the employes are on strike.

Georgia, South Dakota, and Virginia also passed measures this year which restrict the right of unions to picket.

The New York State legislature passed the Condon-Wadlin bill, a sweeping anti-strike measure applying to all public employes. Its scope is indicated by the language of Section 2:

"No person holding a position by appointment or employment in the government of the State of New York, or in the government of the several cities, counties, towns or villages thereof, or any other political or civil division of the state, or of a municipality, or in the public school service, or in any public or special district, or in the service of any authority, commission, or board, or in any other branch of the public service, hereinafter called a 'public employe,' shall strike."

The penalities are dismissal from service and heavy disabilities with respect to reemployment. In denying the

right to strike, the legislature provided no *quid pro quo*.

The major factor in bringing about the passage of this radical measure is generally understood to have been the teachers' strikes.

# Education

Large scale exchange of students and teachers, disrupted by war, will be resumed this year, with the cooperation of the State Department and the Maritime Commission. It is the first time in history that such an educational interchange, directly under government auspices, has been undertaken. It is expected that at least 8,000 Americans will go abroad under this program this summer, and that several thousand foreign scholars will come to the USA.

Two army transports, each able to carry 1,000 passengers, have been made available for students, teachers, and educators who wish to visit Europe this summer. Each vessel will make four round trips. The vessels, reconditioned army transports, were allocated by the Maritime Commission. More than forty educational bodies had applied for space by June 1.

Group sailings will include students and teachers sponsored by the American Friends Service Committee, the World Conference of Christian Youth, the World Federation of Education Associations, the University of Minnesota, Harvard Student Council, and Department of Education at Yale.

The Institute of International Education, 2 West 45 Street, New York 19, is handling the administrative details of the exchange.

### Campaign for Teachers

A nationwide effort to encourage outstanding young men and women to choose teaching as a career, to eliminate from teaching and from teacher education those who are not qualified, and to further conditions necessary to attract and hold able teachers in the public schools, has been launched by the National Education Association. This "teacher selection campaign" is the third nationwide project of the National Commission on Teacher Education and Professional Standards, established by the NEA in July, 1946. The first was a drive to arouse the public to a realization of the crisis in teaching; the second was to sponsor a nationwide salary standard for qualified, trained teachers, setting $2,400 as a beginning salary, with increments for experience and further training to a level of $5,000 to $6,000. The new undertaking will not interrupt the first two projects.

In seeking to raise standards of admission to and training for the profession, the commission holds that only persons having at least four years of college education, with thorough professional preparation should be permitted to teach; and that "only those high school and college students who, generally speaking, are among the upper one third in personality, ability, character, and scholarship, should enter teacher education or teaching."

### Compulsory Training

Compulsory military training of all American men on reaching the age of eighteen or on finishing high school was recommended in the report of President Truman's Advisory Commission on Universal Training, made public on June 1. The commission based its plan on "urgent military necessity." At the outset, it discarded the idea of justifying the program on any other grounds, finding the nonmilitary benefits such as health, education, vocational training, discipline, could be provided as well or better by other agencies.

As outlined by the report, the control of the training program would be in the hands of a three-man commission appointed by the President, one of the members to be from the armed services. All physically and mentally fit youths would be required to undergo six months of basic training, in camps or aboard ship, depending on the service selected. Following the basic training, the young men would be required to take an additional six months of advanced training or its equivalent under military direction or in college study courses approved by the service branches as of special value to the national security.

During the training period the trainee would be subject to a special code of conduct, designed to instill discipline without the severe exactions of wartime military training. Various safeguards of trainee morality are proposed in the report, and the commission recommended the establishment of a general advisory board of fifteen to twenty-five members, only three of them from the armed services, to advise the control commission on technical phases of the program, and to enlist the cooperation of the civilian community.

Karl T. Compton, president of the Massachusetts Institute of Technology, served as chairman of the commission, the other members of which represented industry, the churches, and higher education.

Widespread opposition to any program of compulsory military training in this country in peacetime is being expressed, particularly by educational and religious leaders.

### Texas Case

The Texas student, Heman Marion Sweatt, who is engaged in a court battle to gain admittance to the law school of the state university, lost his case in the lower courts. Mr. Sweatt, a Negro, has broken new ground by resting his case on the argument that segregation in public educational institutions constitutes a violation of the federal Constitution. All previous tests have been based on the contention that "equal educational facilities" are not provided. In the Sweatt case, it is held that *any* racial segregation violates the Fourteenth Amendment. "There can be no separate equality," according to the brief submitted by the National Association for the Advancement of Colored People. This principle, if established, would undermine the segregated school systems of seventeen southern states.

Sweatt's lawyers have announced that the case will be appealed.

# Problem Drinkers

Indication as to the "success secret" of Alcoholics Anonymous in helping its 50,000 members, is given in a quote from one of its new members: "I had a lot of doubts when I joined the group at Riker's [penitentiary]. . . . I didn't know how to figure these outside AA's who came in once a week to talk to us. . . . When they began to talk about getting drunk as being a symptom rather than a cause, I perked up my ears. But when they came right out and admitted that they, too, had pulled time in jails . . . I began to take a serious interest. . . . When I came into this clubhouse, no-

body asked me a lot of embarrassing questions. . . . They just seemed like real friendly guys."

These revealing remarks are quoted in a vivid article in the January-March issue of *Federal Probation,* "I Think You Guys Mean It," written anonymously by another member of the organization who is a lawyer and the editor of a national magazine, as well as editor of *The Grapevine,* the AA's own publication. The article describes the AA program for probationers, prison inmates and parolees who are problem drinkers. AA chapters have been established in more than thirty penal and correctional institutions. Meeting once a week in groups of thirty or forty, under the supervision of prison authorities and chapter members, inmates hear talks by visiting AA members, and are encouraged to ask questions, make suggestions, and join in the discussion. New members are carefully screened to make sure of their sincere desire to stop drinking.

In AA's work with alcoholic probationers, the prisoner is placed on probation to an AA "sponsor," who is responsible for his supervision. The sponsor introduces him to a local AA clubhouse, and goes with him to regular meetings. The new member is made to feel that he "belongs" to the group and is "one of the family."

Now in its thirteenth year, AA has 1,200 chapters including outposts in Canada and Latin America, and is winning about 1,000 new members a month, according to the February issue of *Time.* Supported by donations from members, it has no officers, no dues, no big funds. Members are pledged to help all other alcoholics, but give assistance only when called upon. Anonymity is an important rule of the organization, in order that new members may be encouraged to join.

Of its members, some 50 percent have stopped drinking entirely after joining, 25 percent have succeeded after one or two slips. By contrast, all but 5 percent of alcoholics were formerly considered hopeless of cure, according to the *Time* report.

**Yale Plan**

Hopeful news for the nation's alcoholics, who now number an estimated 750,000, is the success of the Yale Plan Clinic at Yale University. Eighty percent of those who continue through the full period of treatment at the clinic recover, Dr. Howard W. Haggard, Yale physiologist, declared recently in an address before the Washington Committee for Education on Alcoholism.

The clinic is operated on an outpatient basis, with a small staff consisting of a psychiatrist, a social worker, a secretary, and a part time physician. Hospital facilities of near-by hospitals are utilized when necessary.

The small cost of the treatment given at this clinic—averaging $68 a case—is stressed in an article in *Wisconsin Welfare,* written in support of this type of care. By contrast, the article points to the high cost of the usual method of dealing with alcoholics, citing a study made by William Oldigs, chief probation officer of Milwaukee County. The study found that a major percentage of the inmates of the county House of Correction were excessive drinkers.

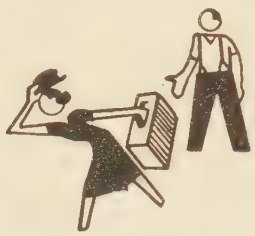
The actual cost of keeping an alcoholic at the House of Correction for ninety days was computed at $218.51, and of keeping a family of four on relief during the period, at $380.85—an average total of $599.36 per case.

**Steps**

Six states have set up commissions to study the problem of alcoholism, reports the *American Journal of Public Health.* In six other states, proposals are under way to set up commissions or other programs for the study of this disease.

Nineteen local citizen committees have been formed in eleven states and Washington, D. C., to educate the public in understanding alcoholism as a public health problem, the National Committee for Education on Alcoholism announced recently.

# *Marriage and Divorce*



The Council of State Governments recently observed that the annual divorce totals will match marriage totals within the next decade if the current rate of increase continues.

However, a prediction that the present rate of one divorce to every three marriages is likely to recede considerably now that wartime marriages are no longer a factor, is made by Charles Zunser, executive director of the National Desertion Bureau, an affiliate of the Federation of Jewish Philanthropies in New York, in his annual report, published in April.

The bureau caseload for 1946—4,499 persons—was up 13.9 percent over 1945. It included many servicemen, ex-war-workers and unemployed persons, referred by social agencies in thirty-three states and fifteen foreign countries. Missing persons were located in 2,037 cases.

"It is a time of ferment and restlessness," writes Mr. Zunser, "and the marriage institution is being subjected to severe rumblings and inner explosions." To stabilize it, he recommends uniform marriage and divorce laws in all states. He also proposes some such financial assistance for the encouragement of early marriage and child bearing as was recently inaugurated in Sweden to check the declining birthrate there.

Another stabilizing measure—education for marriage and family living—was urged by Dr. Luther E. Woodward, field consultant of the National Committee for Mental Hygiene, at a regional conference on marriage and the family sponsored by the National Council on Family Relations, in New York in April.

Said Dr. Woodward, "I've been nagging family agencies for ten years to get on the beam and use educationally what they know about what makes a harmonious marriage. . . . Happy homes do not just happen. They are made by the understanding and cooperative zeal of the people who live in them."

In a previous address to the Family Service in Memphis, Dr. Woodward declared that a sound program of education for family living through high schools, colleges, churches, and family service agencies "could go far to correct the naive and false picture of

marriage given by modern movies, radio, a great deal of literature, and even some family idealism."

### Our British Cousins

In England, war and postwar strains have pushed the traditionally low divorce rate up from 6,249 in 1941 to over 40,000 in 1946, reported Frederick Kuh in the newspaper *PM* on April 30.

The reasons as given by Dr. David Mace, general secretary of the National Marriage Guidance Council, a private organization, for the many unhappy marriages in Britain read much like our own: hasty wedlock; wartime separation; infidelity during the war, especially when wives had children by other men; the Hollywood influence on women; as well as the all too familiar postwar housing shortages.

A Labor Government White Paper early this year presented the proposal for a government-sponsored marriage welfare service, according to *PM*. Under the new system, trained welfare officers paid out of public funds would be appointed "to give advice and guidance with a view to reconciliation of those who resort to the divorce court," according to the report.

"There is need for a carefully graded system of general education for marriage . . . to be available to all young people as they grow, through the enlightened cooperation of their parents, teachers, and pastors . . . Sexual maladjustment and failure to have children may be cured by medical advice."

Court welfare officers would be appointed to represent the children of a marriage being dissolved. "It should be recognized that parents who have been, or are about to be, divorced have no absolute right to determine the future of their children."

### Divorce in Canada

The Canadian divorce rate has increased fivefold in the past two decades, reports the Metropolitan Life Insurance Company *Statistical Bulletin*. It also has been increasing at a faster rate than in the United States. In 1926, it was only one seventeenth of our rate, while in 1945 it was one seventh of it.

In a recent Gallup poll conducted in Canada on the success of modern marriage, 45 percent of those interviewed replied that today's family is less successful than it was in their parents' day. The reasons given included: distractions outside the home, the hurried pace of modern life, ease of divorce, too much freedom for children.

On the other hand, 30 percent of the group interviewed defended family life in Canada today, saying that it was more successful than in the previous generation. Reasons: parents provide for their children more adequately, and public measures such as social legislation and higher education standards result in better families.

### Divorce and ADC

The Illinois Public Aid Commission, acting out of its responsibility for the ADC program, has formally endorsed recommendations of Judge Edwin A. Robson of the Superior Court of Cook County, for legislation to establish special divorce machinery. More than 40 percent of the cases accepted for ADC assistance in Cook County during a seven-month period were families broken through desertion and separation. Such legislation would create divorce divisions in the Circuit and Superior Courts of Cook County and in each of the seventeen judicial circuits in other parts of the state. It would also set up masters in chancery empowered to use the facilities of county departments of public welfare in investigating circumstances relative to a proposed divorce action. Where minor children are involved, court files would be impounded for at least thirty days following the filing of a complaint, after which a hearing would be held to see whether a reconciliation of the parties is possible.

Recently, the commission adopted a regulation requiring a six months waiting period between the issuance of a divorce and the authorization of assistance under the ADC program. According to Raymond M. Hilliard, public aid director, "It is hoped that this waiting period will encourage more consideration of children and their total needs when divorce actions are being considered. Many instances have been cited where divorce actions did not even mention the fact that children were involved. There are also cases where lawyers agree to uncontested divorce action if no claims for support are made."

### Not Just Money

Many families are seeking help from family agencies for non-economic reasons, according to a joint report from seven family agencies in New York City, who last year served over 45,000 families. "Although financial aid was given when necessary, most families sought assistance in coping with marital upsets, illness in the home, bereavement, uncertainty about carrying out plans, and child care problems."

More people than in previous years were concerned about their children's behavior. In many of these cases, according to the report, the parent rather than the child needed counseling.

An average of 1,300 veterans a month came in for help, because, in many cases, wartime marriages and personal adjustment were being jeopardized by rising prices, the housing shortage, job uncertainties. Referring to rising living costs, the report said that an increasing number of housewives and others were seeking help with family budgeting.

### The States Act

To stem the rising tide of divorce, legislation has been introduced into the state legislatures of Tennessee, Michigan, Iowa, Wisconsin, Maine, and New York, designed to make it harder either to get a divorce or to remarry following a divorce.

### Not Made in Heaven

"The bitter facts of war are not limited to hasty war marriages," writes Janet Fowler Nelson in the introduction to the 1947 revised edition of her book, "Marriages Are Not Made in Heaven," published by the Woman's Press. Pointing to the fact that well established marriages were unendurably strained by change, shock, and separation, Dr. Nelson says that "time is needed for readjustment and for the family to build on the changes that time itself has effected."

This friendly, informal book was written for young business girls, to be used as basis of group discussion, but it would be useful in any type of education for marriage program. The problems of marriage are presented from the sociological and psychological point of view and include discussion of budgets, sex adjustments, and home-life planning in terms of status, leisure time interests and many other general problems of young married couples.

The book may be secured for $1.75 from the Woman's Press, 600 Lexington Avenue, New York 22.

### In Print

"Don't Let Your Marriage Fail," written by John H. Mariano and pub-

lished by the Council on Marriage Relations, Inc., introduces itself as offering counsel and "know-how" where the "liability threatens to overshadow the asset side of marriage." Though some readers may have questions about occasional statements which appear in these pages, the booklet is, on the whole, a sincere and forthright presentation, suggesting practical ways in which an individual may decide for himself whether or not to marry, and on what basis his choice of a mate can soundly be made.

One dollar from the council, 110 East 42 Street, New York 17.

# The Changing Hospital

*New York Master Plan.* Reflection of new trends from current reexaminations of the hospital's role in community plans for medical care is to be found in the just released survey of the Hospital Council for Greater New York, 370 Lexington Avenue. The result of an exhaustive three-year study, its "Master Plan for Hospitals and Related Facilities for New York City" was presented in late April to a dinner meeting attended by over 700 people. (See *Survey Midmonthly,* May 1947, page 130.) Envisaging the eventual development of an integrated network of eighty general hospitals, distributed in relation to local, regional, and centralized needs of the greater city, the plan deals with several basic problems in the over-all development of community hospital facilities.

*General vs. Special.* The plan would reverse a past trend toward the development of special hospitals for contagious diseases, mental illness, cancer, and other specialties. Except for long range cases of mental illness and tuberculosis, it is even contemplated that eventually all other types of medical care would be the responsibility of the general hospital.

Commenting favorably on this general principle, Dr. Edward B. Bernecker, commissioner of the New York City department of hospitals, said: "In the past we have been arbitrary in our classification of patients and . . . perhaps we lost sight of the patient as an individual in our desire for segregation of facilities."

According to the plan, 800 of the 129,000 beds in the hospital system would be set aside in general hospitals for the diagnosis and study of tuberculosis and for the initial care of these patients. Later treatment would be provided in twelve to fifteen proposed tuberculosis hospitals. These should not exceed a 500-bed capacity and should be in or near the city in order to offer the best medical service.

For cases of mental illness, 2,400 general hospital beds would be set aside. In addition, however, twenty to forty new mental hospitals are recommended, limited in size to 3,000 beds and accessible to visiting relatives or friends.

Eight thousand beds in the general hospitals would be apportioned to convalescent care. According to the study, "modern concepts of the care for convalescent patients emphasize the need for continuity of medical supervision" and this care "should constitute an integral part of the general hospital."

For cases of long term illness, the general hospital would provide 16,000 beds. Over 50 percent of such cases require active medical supervision, while the others, although primarily in need of custodial care, still must have a medical check. Facilities for custodial cases should be "non-institutional in character, with as many appurtenances of a home as possible. Proximity to friends and relatives is desirable."

*Doctor and Hospital.* Another pressing problem which the Plan would meet arises from the fact that at present no more than 50 percent of the independently practicing physicians have direct connection with a hospital. According to Dr. George Baehr, president of the New York Academy of Medicine, "a better distribution of medical facilities will automatically facilitate the increasing use of hospitals as pivotal centers from which medical services can be distributed more effectively to the people. Through the general practitioner of its area . . . the experience . . . and scientific resources of a hospital can be channeled into the homes of the people. . . . Physicians can no longer practice modern medicine, cut off from the technical and professional resources which [hospitals] control."

*Training and Research.* At present, opportunities for training and research are spotty—many of the present general hospitals do not offer needed facilities. Under the Plan all of the general hospitals would be used for both training and research. The smaller area hospitals would concentrate on training for general medicine, pediatrics, and other similar specialties; the eight regional hospitals, besides providing similar training, would also offer opportunities for specialized training in gynecology, orthopedics, and others, while such highly specialized fields as neurosurgery and ophthalmology would be handled in the large central hospitals.

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### Closed Beds

More than 32,000 urgently needed hospital beds have been closed to the public because of the current acute shortage of nurses and other hospital personnel, according to a recent nationwide survey by the American Hospital Association. These closed beds in the nation's general, mental, and tuberculosis hospitals, coupled with the nationwide need for an additional 195,000 new beds as reported by the Commission on Hospital Care, "makes this situation of vital concern to all interested in the nation's welfare," according to George Bugbee, executive director of the association.

The community can help, he adds, by taking more responsibility for financial support of hospitals, helping them get necessary personnel, and interesting young women in a nursing career.

### The Administrator

In line with the growing trend toward planned, academic training for hospital administrators, the University of Minnesota launched a trial course in hospital administration this year, according to the March *American Journal of Public Health.*

The demand for competent hospital administrators usually far exceeds the supply, Dr. Gaylord Anderson, director of the university's School of Public Health, pointed out in announcing the new course. As a result many administrators come to their duties with in-

adequate backgrounds, resulting in inevitable inefficiency.

Other schools offering similar courses include Chicago, Columbia, and Northwestern Universities, Washington University at St. Louis, the State University of Iowa. A course will be set up at the Yale University School of Medicine next September.

These courses offer a combination of academic instruction and in-service training in near-by hospitals.

# *Prices and Welfare*

Relief applications rose 60 percent during the three-month period from last December to March, reports the Social Security Administration's Bureau of Public Assistance. Loss of employment was given as the most frequent reason for making application.

A prediction that continued inflation will force many marginal income families on relief in the near future once their savings are exhausted is made by Ellery F. Reed, research director of the Community Chest of Cincinnati and Hamilton County (Ohio) in the February *Public Welfare.*

As of Mr. Reed's writing, the cost of living index had increased from 127 to more than 150 since 1945. Even in 1945, three United States families out of ten were living on less than a "marginal budget" as defined by the U. S. Bureau of Labor Statistics. Currently, at least one third of these families living on submarginal incomes are already receiving some form of public assistance, according to estimates based on 1946 figures. And partial data indicate that more and more families are using up their savings.

Indicative of the steady increase in the number of Americans forced below the line of independent subsistance is a report from the Beth-El Hospital in Brooklyn, N. Y. The reported rate of clinic visits was 24 percent higher during the period between September 1946 and March 1947 than it was during the same periods in the two preceding years.

### From Seattle

Emergency demands for financial assistance from private welfare agencies following sharp retrenchment in the King County welfare department resulted in the forming of a committee on relief policies by the Seattle Council of Social Agencies in March. As it approached the end of its fiscal biennium March 31, the welfare department was forced by insufficient funds to eliminate assistance for single employable men for the month of March, and to curtail sharply allowances to employable men with families. Consequently, greatly increased demand was made upon private agencies.

A report on social service trends from the research division of the council issued the same month, showed a consistent increase in public assistance grants by the King County welfare department from April to December of 1946. Figures from the Washington State Employment Service showed a decline in employment referrals from 5,767 in December 1945 to 2,242 in December 1946. During the same period, job placements dropped from 2,073 to 1,243.

### Backbreaking Burden

The double-edged problems for relief officials of rising relief rolls and the sharp increase in the cost of relief because of the rising price of food and other necessities, is pointed out by Albert Deutsch in his column in *PM* on April 15. "While the relief caseload throughout the country rose 28 percent last January as compared with January 1946, the total expenditures for assistance rose 58 percent in the same period. Most localities haven't yet brought up their family relief allowances to square with rising relief costs. It appears that in many communities, relief clients are experiencing dire distress in vain efforts to stretch a prewar budget allowance to meet postwar inflationary prices." With the federal government out of the picture as far as home relief is concerned, he adds, "it looks as if many American cities . . . will find their mounting relief costs a backbreaking burden."

Figures comparing relief costs and caseloads are cited by S. H. Thompson, chairman of the National Council of Local Public Welfare Administrators, in the March *Public Welfare.* In Delaware, the cost of general relief rose 97 percent between November 1945 and November 1946, while general relief caseloads rose 48.7 percent. In Wyoming the cost of relief rose 90.8 percent and the caseload 38.5 percent. In California, relief costs rose 67 percent and caseloads 43.5 percent.

Prevalent problems the country over, reports Mr. Thompson, include restrictions in budgets, failures to make increases in individual and family allowances to meet rising costs, denials at intake of nonresidents or of employables, the return of veterans, and the movement of displaced war workers from community to community.

### How Adequate?

In Virginia, the Public Welfare Commission has appointed a subcommittee on public assistance to make a long range study of the adequacy of relief funds. The report is to be completed by October 1, 1947.

The commission, which was created by the 1946 General Assembly to make a comprehensive survey of public welfare problems, laws, and programs, has also appointed a small subcommittee to report to Governor Tuck on the inadequate relief funds last summer; the effect of the additional federal funds allocated as of last October 1 for the ensuing fifteen months; and local relief needs today.

### In Print

"Public Assistance in Allegheny County during the First Full Postwar Year—1946," gives a factual description of the various aspects of the public welfare program in this county. The facts are brought to life by a second section devoted to eight case stories illustrating the program's services to the aged, the returned veteran, and others having special problems. The report is available free of charge from the Department of Public Assistance, Harrisburg, Pa.

# *Professional*

At the annual corporation meeting of the AASW on May 23, the following officers were elected: president, Donald S. Howard, New York City; first vice-president, Frank Z. Glick, Lincoln, Neb.; second vice-vice-president, Robert W. Beasley, Chicago; third vice-president, Harriet L. Tynes, Greensboro, N. C.; secretary, Jean Kallenberg, New York City; treasurer, Malcolm S. Nichols, Boston. In keeping with the by-laws of the organization, the president, first vice-president and treasurer were elected to serve for a term of two

years. Other officers serve for one year.

### Nurses Meet

Representing a combined membership of 250,000 professional nurses, 6,600 delegates from thirty-nine nations met in Atlantic City, May 11-16, for the first postwar meeting of the International Council of Nurses. Gerda Hojer, president of the Swedish Nurses' Association, was elected international president. She succeeds Effie J. Taylor, formerly dean of Yale University School of Nursing, who has been president since the last previous congress, held in London in 1937. The next congress will meet in Stockholm in June 1949, marking the 50th anniversary of the founding of the International Council of Nurses.

During the Atlantic City meetings, the members adopted resolutions pledging active support to the United Nations, the World Health Organization, and other international bodies working for peace, as well as to the Children's Fund proposed by the United Nations for the relief of children of the world. Other resolutions dealt with solutions for the general shortage of nurses, the need for more young women to enter the profession, and the development of nurses' professional associations.

The group pledged assistance to nurses' associations throughout the world by sending teaching equipment and materials, and agreed to continue providing uniforms, food packages and other aid to nurses who are in need of such help.

The council adopted recommendations of a study committee calling for an enlarged program for the International Council, including establishment of a bureau of education. It was also decided that the headquarters of the council would be returned to London as soon as possible.

### First Forty Years

In a statement released in late April, Shelby M. Harrison, general director of the Russell Sage Foundation, reported that in the first forty years of its existence, the foundation had spent more than $21,000,000 for "improvement of social and living conditions in this country." Established on an endowment of $10,000,000, given by Mrs. Russell Sage in 1907, the foundation has carried out its work through grants to 119 different social agencies and special projects and through direct work in research and demonstration. The results of its studies have been published by the foundation in 126 books and more than 500 pamphlets.

The foundation now operates eight departments including the two service departments, library and publications, with a total staff of about eighty persons. The general field in which work has been done, is the social work field, but, according to Mr. Harrison, "studies have included a wide variety of subjects and problems, ranging from consumer credit and business cycles to administration of the WPA, and from recreation to labor relations."

### World Social Work

The stage has been set by UNRRA and the United Nations for "significant changes in the social welfare structure of the world," says Donald S. Howard, in an article entitled, "Social Welfare Developments Along the International Front," which has been reprinted by the *Social Service Review* from its March 1947 issue. Mr. Howard describes and analyzes the five types of action taken by the United Nations in the welfare field and mentions the fine consultative and advisory service given UN committees by United States social workers, as well as the "tireless and imaginative" leadership of Arthur Altmeyer, who acted as the U. S. representative on the Social Commission.

### Town of Tomorrow

The third annual Institute of Community Leadership will be held from July 9 to 18 at Manlius School, Manlius, N. Y. The objective of the institute this year will be to analyze the prospects of the "town of tomorrow" and to consider ways of realizing its potentialities. Sponsors for the meeting are the New York State Citizens' Council, the bureau of adult education of the New York State Education Department, and the Committee on Community Education of the Association of Colleges and Universities of the State of New York.

Information may be secured from Milford D. Fahey, New York State Citizens' Council, 309 South McBride Street, Syracuse 3, N. Y.

### International Meeting

United States pediatricians will play host to the fifth International Congress of Pediatrics July 14 to 17 at the Waldorf Astoria in New York City. Twenty-two hundred child specialists representing fifty countries are expected to attend. Translation facilities are being arranged so that speeches may be heard simultaneously in English, French, German, and Spanish. Presiding over the meetings will be Dr. Henry F. Helmholz of the Mayo Clinic in Rochester, Minn.

### Manuscripts Invited

The W. W. Norton Company is again offering the Norton Medical Award of $5,000 for book manuscripts written for the lay public by professional workers in the field of medicine. The last award was won by Dr. Bertram N. Bernheim, whose book, "A Surgeon's Domain," was published this spring. Details of the terms of the award may be secured from the company, 101 Fifth Ave., New York 3.

### Memorial Fund

The League of Women Voters has created a $100,000 memorial fund in honor of Carrie Chapman Catt, internationally-known pioneer in woman suffrage who died in March. The fund will be dedicated to helping women throughout the world to organize groups similar to the league in order to be effective in their respective governments.

### Opportunity

Twelve research jobs in psychiatry and related fields have been established at the Western State Psychiatric Institute and Clinic, according to the February 1 *Journal* of the American Medical Association. The institute is a teaching and research hospital of the Pennsylvania mental hospital system, training psychiatrists, social workers, psychologists, nurses, occupational therapists, and others, for hospital and private fields. For more information write to Dr. Grosvenor B. Pearson, O'Hara and DeSoto Streets, Pittsburgh 13.

## *About People*

Dr. Robert Irwin, sightless executive director of the American Foundation for the Blind, New York City, has announced that the summer courses for workers with the adult blind, offered each year under the auspices of the University of Michigan Institute of Social Work in cooperation with the Michigan State Normal College, will

be held between June 23 and August 1 at Ypsilanti, Mich.

**Independence Day**

Ceremonies in Manila and throughout the Philippines on April 15 marked the occasion on which the Philippine Red Cross became an independent society. Beginning as a branch of the ARC in 1905, the "Philcross" became a full-fledged chapter in 1917 and has been working on plans for an independent society since 1936. Management of the chapter was turned over in December 1946, to Dr. J. H. Yanzon, veteran Filipino Red Cross worker, with Glen Whisler, of the American Red Cross, continuing as adviser until June 1, 1947.

**New Members**

Elected recently as members of the National Committee for Mental Hygiene were Representative James P. Priest of Tennessee and Dr. Richard M. Frank, assistant clinical professor of neurology and psychiatry, Long Island College of Medicine, Brooklyn.

**New Jobs**

The board of trustees of Bennington College has announced the appointment of Frederick Burkhardt to the presidency of the college. Dr. Burkhardt, associate professor of philosophy at the University of Wisconsin, is a graduate of Columbia University and Oxford University. He will succeed Lewis Webster Jones, who has accepted the presidency of the University of Arkansas.

Following the resignation of Dr. Olin West of Nashville, Tenn., as president-elect of the American Medical Association, because of ill health, Dr. Edward L. Bortz of Philadelphia, elected vice-president at last year's meeting, will assume the presidency at the annual meeting this month. Dr. Bortz has been associate professor of medicine at the University of Pennsylvania since 1932.

Mrs. Richardson Pratt has been appointed to the board of trustees of the New York School of Social Work. Mrs. Pratt is a director of the Spence-Chapin Adoption Service, the Glen Cove (N. Y.) Community Chest, and a board member of both the New York City YWCA and the Federation of Protestant Welfare Agencies.

George Roberts More, formerly deputy director of international activities, insular and foreign operations, American Red Cross, has been appointed executive secretary of the New York State Conference on Social Work. Mr. More succeeds Mary B. Holsinger of Albany, who resigned this spring after eighteen years as the conference's executive secretary.

Charles Garside, New York lawyer, was appointed by Governor Thomas E. Dewey in April as a member and chairman of the State Commission Against Discrimination. Mr. Garside, a graduate of Cornell Law School, has practiced in New York City since 1923 except for a two-year period during which he served as a Municipal Court judge and during World War II. He succeeds Henry C. Turner, who resigned to return to full time practice of law.

Appointment of Dr. John W. Ferree, formerly director of the division of educational services, American Social Hygiene Association, as associate executive director of the National Health Council was announced in May by Philip R. Mather of Boston, president of the council. A native of Indiana, Dr. Ferree received his medical degree from the Indiana University School of Medicine in 1932, and has held various jobs in the public health field in that state, serving as state health commissioner from 1940 to 1942.

Dr. Charles A. R. Connor, cardiologist for the New York City department of health and attending consultant to the Veterans Administration in New York, has been appointed associate medical director of the American Heart Association. Dr. Connor will work with Dr. David D. Rutstein, medical director in the development of the association's program of research, service, and public education in diseases of the heart and circulation.

Harlan Cleveland, formerly deputy chief of the UNRRA mission in Italy, went to Shanghai in May as director of the UNRRA office in China.

Dr. Ernest Lyman Stebbins, director of the school of hygiene and public health and professor of public health administration of Johns Hopkins University, has been appointed chairman of the advisory board on health service of the American Red Cross.

Hugh R. Jackson, former deputy director general of UNRRA, took up his new duties as executive director of the Public Charities Association of Pennsylvania in March.

Marjorie Drury has recently joined the staff of the Department of Social Work Administration of the Russell Sage Foundation as research associate to work on studies in the field of international social welfare. Miss Drury recently returned from China, where she served as UNRRA's liaison officer with Chinese educational and other social work training institutions.

## CORRECTION

In their report of the National Conference of Social Work in the May issue of *Survey Midmonthly*, the editors erroneously referred to a joint committee of the American Medical Association and the American Association of Medical Social Workers. The organization working on this committee with the AAMSW is the Association of American Medical Colleges.

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To the Editor: In the March issue of *Survey Midmonthly* on page 88, I note a "Comment" by Harry L. Freedman, M.D., Williamsburg, Va. I wish you to be advised that Dr. Freedman, is wholly uninformed about the California Department of Corrections and that he persists in misquoting me and generally in casting slurs upon this department, presumably because we first organized our Diagnostic Clinic, called the Guidance Center, under the supervision of a clinical psychologist.

We now have two such clinics, one in the northern part of the state and one in the southern part. Each of them is headed by a psychiatrist. One of these positions happens to be vacant at the present time because of our inability to fill the position. These clinics are under the staff supervision of the Bureau of Classification of the central office staff of the Director of Corrections. The chief of this bureau is a clinical psychologist. However, he has on his staff a social caseworker, a medical consultant, and a supervisor of education.

This department is most anxious to improve and strengthen the psychiatric services in our institutions, and I heartily agree with Dr. Freedman that we need more psychiatrists, but until more psychiatrists are available, I am afraid Dr. Freedman will have to forego his apparent desire to have psychiatrists run the entire world.

Richard A. McGee
*Director, California State Department of Corrections*

# BOOK REVIEWS

**PSYCHIATRIC INTERVIEWS WITH CHILDREN, edited by Helen Leland Witmer. Commonwealth Fund. $4.50.**

FOR ANYONE WORKING IN THE FIELD of child guidance and family relationships this book is required reading. For parents, teachers, or others involved in day to day contacts with children, it may also prove highly illuminating. It will answer the questions: Just what is psychotherapy for a child? What does the therapist aim to accomplish; just how does he go about it? Even those not primarily concerned with problem children or with psychotherapy will find that their understanding of the psychic problems and processes of normal childhood has been deepened, provided they read attentively, and that they have, to start with, some theoretical grasp of the Freudian psychologists.

Ten case records comprise the greater part of the book. Three are classed as non-neurotic children (their problems were a direct reaction to unfavorable realities in their lives); four, as children with some neurotic symptoms; and three as seriously neurotic.

Treatment is conducted by therapists, physicians in most cases, in various child guidance centers throughout the country—in Philadelphia, Boston, St. Paul, and other cities. The therapists themselves represent a variety of the schools stemming from Freud. In all cases a highly trained social worker conducts interviews with the mother during the hour in which the child is with the therapist. These have the double purpose of shedding additional light on the child's problems and also of effecting favorable changes in the mother's attitudes and practices.

In every instance, the case is reported in such a way that the treatment process becomes apparent. What the therapist said and did and why he said or did it are made clear through footnotes and appended discussions, as well as in the narrative of the case itself.

"Today," says the editor, "dynamic psychiatry regards disorders of personality as disorders of personal relations; that is, as evidence of the difficulty the individual encountered in maintaining a feeling of security with the human beings who are emotionally important to him. It is highly logical, then, that chief reliance for therapy should be placed on the development of a satisfactory relationship between psychiatrist and patient and that numerous ways should be devised to use that relationship for therapeutic ends."

Laymen and others who are often baffled by the disputatious wars between various groups of psychiatrists, may be relieved by the editor's conclusion. "Treatment methods," she sums up, "are so much more varied and so much less stylized than much of the literature about child psychiatry would lead one to expect. It is popularly supposed that treatment can be categorized as Freudian, Rankian, Adlerian, and so on. These records suggest that in the actual practice of child psychiatry these terms lose much of their meaning."

ANNA W. M. WOLF
*Senior Staff Member, Child Study Association of America*

**THEIR MOTHERS' SONS: THE PSYCHIATRIST EXAMINES AN AMERICAN PROBLEM, by Edward A. Strecker, A.M., M.D., Sc.D., Litt.D., LL.D. Lippincott. $2.75.**

THE AMERICAN PROBLEM WHICH Dr. Strecker examines in this book is not only of far-reaching importance but is also easily recognized by ordinarily observant persons everywhere, even by those who never knew The Apron String or The Silver Cord by name. The author makes out a good case against the "Mom" as a person who hinders the maturing of her sons —and daughters, too—by her refusal to wean them from herself. He distinguishes Mom from the normal, mature and wholesome female parent, whom he calls Mother.

The book strikes home, and has received wide attention. It was condensed in a magazine for circulation among millions. It is therefore unfortunate that so eminent a psychiatrist should offer a book full of misleading half-truths.

Dr. Strecker attributes all that he saw on a large scale in army hospitals as a consequence of Mom's misdirected efforts: a half million draft dodgers; 1,850,000 rejected neuropsychotic men; 600,000 who were discharged from the services in all degrees of psychic unfitness. With this truly awful picture before him, he denounces the Mom with a vehemence—not to say venom —that reflects the strong feeling he has about the seriousness of the problem. But he has no hint as to what produced the Moms nor what other emotional factors went into producing these appalling results.

In his chapter "J'Accuse!" Dr. Strecker connects the disease of Momism with the "social order as it has evolved in our matriarchy." He recognizes that the failure of individuals to mature often perpetuates their handicaps through successive generations. Dr. Strecker never once questions the social order into which Mom fits so nicely, nor asks how the production of Moms can be stopped at the source.

What is it that creates a growing flood of Moms, with such sad consequences? Is it the type of homes that descendants of farmers built in cities? Is it the small number of persons that the homemaker has to manage today, compared with her grandmother? What are the social ideals of the good life that make a woman concentrate all her drives and energies on a small establishment with no outside responsibilities? Dr. Strecker recognizes that education is an important feature of the process: but what is there in our kind of education that makes Moms of millions of decent girls who could just as easily become the kind of women Dr. Strecker classes as Mothers?

As a psychiatrist, Dr. Strecker shows himself a poor sociologist; and with all his degrees, he does not invite our confidence in his judgment on education. He obviously has strong feelings on "progressive education" without knowing very much about it except what one might pick up from sensational newspaper headlines. He acknowledges that the movement "no doubt . . . rescued the educational system from the doldrums" and that it "corrected . . . but overcorrected" many defects that he sees in the traditional schooling. He admits, however, that he does not know "how many of the psychoneurotic-ineffectives had been exposed to progressive education." How many of the 31,500,000 boys and girls of school age in 1930 were involved in "the peak of progressive education?" Half a million is an extravagant esti-

mate. What then could possibly have been the contribution of progressive schools to the psychoneurotic-ineffectives of the war period?

Dr. Strecker's idea is worth a good magazine article. He was apparently persuaded to blow it up into a book with the result that he has only added to the confusion. The effort seems to me unworthy. As an admirer of the author, I am very much disappointed.

SIDONIE M. GRUENBERG
*Director, Child Study Association of America*

**THE AMERICAN HOSPITAL, by E. H. L. Corwin, Ph.D. The Commonwealth Fund. $1.50.**

IN THIS BRIEF BUT THOROUGH VOLUME on hospitals, the author has presented a factual and statistical approach to the subject which is timely in this day of rapid social and economic change. His manner of presentation, while not that of a textbook, offers the reader a wealth of material pertinent to the competent and orderly administration of hospitals.

Administrators should find the book invaluable as a reference work. In all probability, no other single source exists where can be found such an abundance of comparative and analytical data presenting both the background of present day hospitals and the many varied problems confronting those charged with the responsibility of their successful management. Equally important, as reference material, is the listing of the author's sources of information.

Members of governing bodies of hospitals, who seek to better inform themselves on the affairs of their institutions, would profit by its reading. There is presented a factual analysis of existing conditions in today's hospital field and a composite interrelationship which should prove very helpful to such governing body members in their approach to sound and logical solutions of the ever pressing problems of the modern hospital.

To staff physicians, as to administrative groups, there is available valuable material relating to the medico-administrative problems which have arisen as the result of the rapid, unorganized growth of hospitals in this country since the turn of the century. The availability of such material will undoubtedly, if used, make it possible for medical staffs better to correlate their efforts with those of governing bodies toward meeting the hospitals' responsibility for providing improved, more adequate facilities for the care of the sick as well as for the advancement of medical science.

The student of hospital administration can find in this small volume of 226 pages the complete cycle of the hospital's significance in society in relation to important trends. This orientation, coupled with an index of source material, will furnish the student a wealth of opportunities for research in an unlimited field of endeavor; for in the words of the author "hospital horizons are expanding."

Whether or not the reader agrees with everything the author has to say, he is certain to find this a highly informative, thought-provoking discussion of one of the most important parts of our present day economy.

JAMES A. HAMILTON
*Professor, Hospital Administration, University of Minnesota*

**THE CONTROL OF VENEREAL DISEASE, by R. A. Vonderlehr, M.D., and J. R. Heller, Jr., M.D. Reynal and Hitchcock. $2.75. American Social Hygiene Association, Educational Edition, Paper Bound, $1.75.**

THE PROSAIC TITLE OF THIS VOLUME gives no indication to the reader of the vitality with which the authors have treated this important medical, social, and moral problem. The book is a natural and necessary follow-up report on the progress of the venereal disease control program so well presented in two earlier books—"Shadow on the Land" by Thomas Parran, M.D., and "Plain Words About Venereal Disease" by R. A. Vonderlehr, M.D. Drs. Vonderlehr and Heller write with the authority of ten years experience, spearheading the U. S. Public Health Service's fight to control the venereal diseases.

After a concise and absorbing account of the history of the venereal diseases, salient points in their behavior, and a review of the control activities, in the United States, the authors delve into the present situation. With humility and becoming modesty they critically analyze and evaluate results that have been obtained with the public health approach to the control of this most difficult group of diseases. The impact of the newer treatment methods—first the use of sulfonamides and then penicillin—are related to the social and ethical aspects of the subject. The experiences that unfolded during the war years are most capably and with complete justification used to project a program for the peacetime control program.

It is in this projection that all persons concerned with social and health betterment will discover a challenge to try their mettle and one which cannot conveniently be avoided. Nothing less is counseled than an attack on the anti-social forces that lead to sexual promiscuity and the disintegration of the foundations of wholesome family life. The "find and treat formula" of the past upon which chief reliance has been placed to bring the venereal diseases under control has been found not enough. Lines for future development are clearly suggested and, if followed, give promise that we may not only reduce venereal disease to a manageable minimum but also help to mitigate those perplexing social problems that arise from the misdirected use of sex.

"The Control of Venereal Disease" is most readable, and contains interesting case histories and factual material presented in a well organized fashion. It is highly recommended as an inspiring account of the dramatic battle that is being fought against a tough and tricky health-social enemy.

JOHN W. FERREE, M.D.
*Associate Executive Director National Health Council*

**INDUSTRY AND SOCIETY, edited by William Foote Whyte. McGraw-Hill. $2.50.**

THIS SLIM VOLUME OF ESSAYS IS THE first in a projected series planned by the Committee on Human Relations in Industry at the University of Chicago. The individual essays cover a wide range of subjects:

Human Relations in Industry;
The Factory as a Social System;
The Factory in the Community;
The Function of Status Systems;
Motivation of Underprivileged Workers
Race Relations in Industry;
When Workers and Customers Meet (restaurant workers);
The Role of Union Organization;
The Basis of Industrial Conflict;
Industry and Society.

The contributors, drawn mostly from the staff of the institute, are sociologists, social anthropologists, and industrial relations specialists of the university faculty. Notable exceptions are the essay on Functions of Status Systems by Chester Barnard, president

of New Jersey Bell Telephone Company, and the Role of Union Organization by Mark Starr, educational director of the International Ladies' Garment Workers Union.

The underlying unity among the several contributions is methodological. The institute is committed to the point of view that an understanding and analysis of the social structure involves an understanding of "how people actually act, think, and feel." Its emphasis is on the understanding of the human as well as the technical factors in modern industrial society. Industry must therefore be studied as a system of human relations which reach beyond the factory or work place into the community and the world at large. The factory is in one sense a status system, but it also develops controls and organization which operate informally. Changes which upset the customary relations result in a tendency to break down the familiar and tolerable patterns of behavior.

The specific materials in these essays illustrate the propositions above. Those which deal with case study material are especially interesting. One tracing the history of industrial relations in Yankee City (a shoe manufacturing town) from the days of the handicraft shop to absentee-owned factory might well have been the model for Thorstein Veblen's "Absentee Ownership." The discussion of the motivations of underprivileged workers deserves special mention also.

Despite much recent interest in the point of view of this work, it has a familiar ring to students of industrial relations since the days of Robert F. Hoxie. Whether or not its conscious practice can result in a "science of industrial relations" is a moot question. What is not debatable, is the valuable contribution made by such field studies as recorded in this volume and promised in the future publications of the institute.

Lois MacDonald
*New York University*

**GROUP PROCESS IN ADMINISTRATION, by Harleigh B. Trecker. Woman's Press. $2.75.**

Here is a modest but highly significant and useful addition to the literature on administration. It fills a virtual void. Attention is focused upon the dynamics of relationships, upon interaction and communication, upon process, upon groupwork in the work group.

The author writes in the tradition of Mary Parker Follett and Ordway Tead, and reflects the strong influence of Chester Barnard, Bertha Reynolds, Kurt Lewin, and Gordon Allport.

"Group Process in Administration" substitutes a series of highly systematic analyses for a scattering of unrelated fugitive articles by various authors in different settings. The book is characterized by precision of thinking, economy of language, effectiveness of exposition, relevance to reality, and systematic development. It provides at once a philosophy and a psychology of democratic administration. Let us hope that the author will write a companion volume to document the application of this process in a series of selected case studies in administration.

Charles E. Hendry
*Professor of Social Work*
*University of Toronto School of Social Work*

**POPULATION AND PEACE IN THE PACIFIC, by Warren Thompson. University of Chicago Press. $3.75.**

Warren Thompson's penetrating analysis of the Pacific Basin opens with a chapter entitled, "The Danger in the Pacific," in which he points out that Eastern and Southern Asia have entered upon a period of population growth quite similar to that which took place in Europe after 1800, but that whereas the population of the Western World was then less than two hundred million, and large areas of land were available for cultivation, now the population of Eastern and Southern Asia is over one thousand million people, and the areas available for colonization are much smaller and less richly endowed. It will be several decades before population pressure is eased in these areas for, while limited raw materials are available for industry, capital appears to be lacking. When industrialization does take place, however, it "will result in a shift of the balance of power toward the East."

In the concluding chapter, "The Stake of the United States in the Pacific," Mr. Thompson writes:

"The interests of the United States in the Pacific will be best served not only by the use of the land in this region by the peoples who need it and can work it but also by aiding in the industrial development of these peoples, since this is the quickest known way to induce a reduction of their birth rates. A low birth rate everywhere is the only way in the long run to avoid the unbalancing of power relationships arising from differential rates of population growth. Nothing we can do will reduce the population increases in South and East Asia for three or four decades, but in the long run the situation need not be hopeless."

This volume is much more than a systematic analysis of population changes; rather it is a comprehensive summary of raw materials and industrialization, agriculture, industry, and foreign trade. Six chapters are devoted to Japan, of which but one deals with population problems themselves. Other chapters deal with Tropical Oceania, Australia and New Zealand, India, and Southeastern Asia.

Among the author's many interesting observations are those concerning Australia. Present trends point to a population of some eight million people by 1980, whereas he believes that there is a population supporting capacity of twenty-five to forty million. In the face of expanding oriental nations, "the only hope of Australia and New Zealand for maintaining their independence in the long run is to encourage the growth of populations large enough to defend themselves." If they do not, we shall be compelled to come to their rescue.

George B. Cressey
*Syracuse University*

**THE MODERN PARENT AND THE TEACHING CHURCH, by Wesner Fallaw. Macmillan. $2.50.**

Protestant churches today are facing a crisis in their religious education programs. Why are their church schools dwindling in both numbers and effectiveness? How are they to meet the tremendous challenge of the secular environment?

Dr. Fallaw approaches the problem as a man of practical experience in the Winnetka Congregational Church, as a student of modern educational methods, and as professor of religious education at the Andover Newton Theological School. He shows that not too many years ago the church could assume the Christian character of its children's total environment. The church's job in education was merely to draw out the implications and present a systematic explanation of the children's normal experience. Today the situation has completely changed, as the environment has lost its common Christian assumptions and the family has given away its educational rights and obligations to the professionals. The disintegration of the fam-

ily as the basic group of our society has led to further dangers socially and psychologically as well as religiously.

The author presents the thesis that the church's fundamental task now is to Christianize the whole family group, to incite the family to commit itself as a unit to a Christian way of life. Only as the home teaches Christianity in its daily life and its family relations can the church expect to achieve reasonable results in the limited time available for training children in Christian beliefs and ethics.

The author draws on his pastoral experience to suggest techniques for implementing such a program. One is led to wonder if his methods can be successful apart from a bourgeois and urban milieu and the tradition of Liberal Protestantism. What is loosely termed the Liturgical Movement, as it appears in both the Roman and Anglican communions as well as in such experiments as George MacLeod's Iona community, attempts in different and perhaps more universal terms to achieve a similar quality of integrity and integratedness through a holy life in community. EDWARD CHANDLER

*General Theological Seminary*
*New York, N. Y.*

**NEW FARM HOMES FOR OLD: A STUDY OF RURAL PUBLIC HOUSING IN THE SOUTH, by Rupert B. Vance, Gordon W. Blackwell, and Howard G. McClain. University of Alabama Press. $3.**

EXPERIMENTATION IN RURAL PUBLIC housing was hardly well started before it was interrupted by war. It will undoubtedly be resumed because rural people still need better houses, and potential incomes in many areas will support better houses. Meanwhile, the facts in this book and the consequent judgments of the authors should be weighed by all interested persons. Its basis is a survey of 385 housing units in four southern counties, requested by the Federal Public Housing Authority and conducted by research arms of the Universities of Alabama and North Carolina. It is the first report of its kind in the United States.

The legislative foundation of rural public housing was more or less inadvertent, the word "rural" having been written into the U. S. Housing Act of 1937, otherwise conceived entirely for an urban program. Eventually, however, certain assumptions underlying the rural problem emerged, and experimental procedures were developed in the counties surveyed.

The assumptions are that rural public housing spreads employment widely; it recognizes the same public interest in and responsibility for rural welfare that has already found expression in rural public health and education; its objective should be to demonstrate better housing rather than to make rural housing generally a public function.

The procedures involved creation of a local authority embracing a county or group of counties; application by a farmer to the local authority, and review of the applicant and his farm by a representative of the Farm Security Administration (predecessor of the new Farmers Home Corporation). Upon approval, the farm owner granted a one-acre house site to the local authority, which built a house and rented it to the owner under a lease renewable annually for sixty years. Title thereafter remains with the authority, but throughout the whole period, the owner has an option to buy under certain conditions.

Families living in the 385 units studied were not different from others in the area in size and age composition. They had limited education, many of them had been located on the same farm before being rehoused, and only a few of them were newcomers to the neighborhood. Their occupancy of the new houses was generally satisfying to them, and their standards seemed to be rising. They paid their rent promptly, but would have preferred to make purchase payments. They lacked understanding of the nature of the program, however, and of their responsibilities under it. The new housing decreased overcrowding, stimulated better health practices, resulted in more entertainment in the home, and seemed to influence social status upward.

One of the most critical issues in rural public housing is that of local-national relationships. Vance and Blackwell insist that a local authority with as much autonomy as possible is requisite, and that some organization at the state level should be interposed between the local and national authorities. They cite experience with other national programs as evidence that federal-state-local cooperation is more enduring than straight line administration from the national capital.

Another issue is that of allocating responsibility to bureaus of government. Contenders in farm housing are the U. S. Department of Agriculture and the U. S. Public Housing Authority. Vance and Blackwell discuss the qualifications of each of these agencies without deciding the issue—except to argue that no new arm of government is needed. One viewpoint of merit recognizes the Department of Agriculture's interest in raising farm incomes, and its facilities for educational work, and proposes that it take over public farm housing, leaving rural nonfarm and urban housing to the U. S. Public Housing Authority.

HOWARD W. BEERS

*Professor of Rural Sociology*
*University of Kentucky*

**FAMILIES IN TROUBLE, by E. L. Koos. King's Crown Press. $2.25.**

E. L. KOOS' THOUGHTFUL STUDY establishes scientifically what many social workers have suspected—that average working families, particularly in the larger cities, are making all too scant use of casework resources for help in their troubles. For a period of two years, supported by the Macy Foundation, Professor Koos carried out an exemplary research study of 62 families in a typical working-class neighborhood in New York City. As a sensitive and objective observer, he got on the friendliest terms with the families, drank beer with the men, talked over household problems with the wives, and studied what happened when family difficulties arose, with particular attention to how such crises as serious illness, death, pregnancy, loss of employment, and marital friction were met.

Professor Koos had two major lines of interest in the study: the first, sociological in nature, to discover what factors of internal organization and external adjustment best enabled a family to meet and overcome its difficulties; the second, to study how widely the families utilized social agencies in times of stress, compared with other sources of help. In his analysis of stability factors, he reaches conventional conclusions with the aid of some concepts from Kurt Lewin and other social psychologists.

In reporting the use of social work agencies by these families, however, the author unlooses some statistics that should startle any lingering complacency in the family casework field. Although 27 of the families had heard of the neighborhood family agencies, only 5 of the 62 families utilized these agencies for help in their crises. But, in contrast, relatives were consulted for advice 36 times, the local druggist

31 times, the neighborhood bartender 29 times, and ministers 12 times. A search for reasons for this discrepancy and the means to surmount it occupies the most fruitful of the book's pages. Here are some conclusions:—

"If social agencies [in this case the family service agencies] are prepared to offer the inclusive services claimed in their statements of purpose, this fact must be made known. As the culture has grown both in size and complexity, families know less instead of more of the help they may expect to receive with their troubles. . . . Since it is still a "disgrace" to be helped in our culture, it becomes ever more necessary that the institution of social work overcome or compensate for this handicap under which the family labors. Social work can do so only by reinterpreting its services to the community, and by making the community aware of its services. . . . The problem is not one of setting up institutions and waiting for people to come to them when in trouble; it is rather . . . that we are faced with the real problem of recognizing troubles as concomitants of [our] culture, and then of proceeding on the basis that our institutionalized services must realistically approach those troubles in ways that can be acceptable to members of that culture."

ALFRED H. KATZ
*Director, Worker's Personal Bureau, Brooklyn, N. Y.*

THE PROCESS OF PERSUASION, by Clyde R. Miller. Crown Publishers. $2.

IT ALL DEPENDS ON WHERE YOU SIT whether it will be worth two or three hours of your time to read Clyde Miller's book. To some it can be of infinite value; to others it will simply be a nicely garnished re-hash of Psychology 101 or Advertising 31.

Unquestionably it is an entertaining book. However, most books of this type are read for information and not for entertainment and to many it will be a keen disappointment. The stuff is there but it is not new and it is not highly original.

Had it been called "A Primer of Persuasion" you would know what you were getting and that would have been that. If we can accept the book under that title it does have considerable value. Two types of people will find it helpful—those who are interested in learning why they react to various types of persuasion, and those who would persuade but have not the vaguest idea of how to go about it except with a shillalah.

Mr. Miller divides his book into two sections. The first of these is Background of Persuasion; the second, Persuasion Methods. In the first section he discusses persuasive procedure, objectivity, the conditioned reflex (Pavlov's tired old dogs are dragged out of their kennel again) mores, the process of "changing your mind," words and the meaning of words and our "trigger" or instantaneous reaction to certain of them.

All of this may sound rather dull. It is not, thanks to Mr. Miller's very readable style and the interjection of dozens of stories and anecdotes to illustrate his points.

The second half of the book takes up in some detail the various devices used to persuade. He calls these the "virtue device, poison device, testimonial device, and the together device."

The virtue or acceptance device is designed "to cause us to accept by association with 'good' words, symbols or acts."

The poison or rejection device ". . . to cause us to reject by association with 'bad' words, symbols, acts."

The testimonial device ". . . to cause us to accept or reject by the testimony or evidence of persons considered 'good,' 'respectable,' 'successful' or, inversely, a 'horrible example.'"

The "together" device ". . . to cause us to accept or reject by the application of any or all of the former devices applied through the pressures of group or mass emotion and action."

Each of these methods of persuasion is as amply illustrated as is the first half of the book. Mr. Miller is associate professor of education at Teachers College, Columbia University. If his teaching is as lucid and easy to grasp as this book, his students must learn much more than in the average classroom.

In these days when we are bludgoned from all sides with propaganda pro and con about practically every thought man ever had from fundamentalism to nuclear physics it is a good idea to have at least a critical judgment of the persuasive processes. This book will give you that. It will also give tools to the uninitiated and start him on the road to persuading others.

*Editor, Channels* DAVID L. GAFILL


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**WANTED:** Psychiatric Social Worker to supervise Child Guidance Clinic covering Cape Cod section of Massachusetts. Car necessary. Contact R. M. Chambers, M.D., Taunton State Hospital, Taunton, Mass.

**SUPERVISOR** and psychiatric social worker, man or woman (two positions), for child guidance agency where treatment is carried mainly by psychiatric social workers, under immediate and close supervision of an outstanding nationally known psychiatrist. Experience in a child guidance agency or related psychiatric work desirable. Interesting and challenging opportunity. Apply Jewish Child Guidance Bureau, 682 High Street, Newark, New Jersey.

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Write Director, Jewish Social Service Bureau, 127 N. W. Second Street, Miami 36, Fla.

**CASEWORKER** in Medical Social Service Department, voluntary hospital 12 miles from New York City. Must be graduate accredited School of Social Work with Master's Degree and Medical School field work or experience. 8555 Survey.

**CASEWORKERS**—Catholic Family and Child Care Agency has two staff vacancies. Salary in accordance with professional training and experience. Opportunity for advancement. At least one year's graduate training required. Catholic Welfare Bureau, 855 South Figueroa Street, Los Angeles 14, California.

**BRANCH EXECUTIVE,** man or woman, for community house in Middle West. Should be a group work graduate. Would consider person with some group work training plus experience and willingness to finish course. 8571 Survey.

## SITUATIONS WANTED

**DIRECTOR** of Boys Home which is closing desires similar position. Prefer challenging opportunity in new or established agency for boys. Have a thorough knowledge of dependent, pre-delinquent and delinquent boys and their problems. Available now. 8580 Survey.

**MALE SOCIAL WORKER;** veteran, married, one year general experience; one year basic graduate training, desires position with public or private agency, institution, etc., paying living salary with good prospects for advancement. Supervisory position preferred. 8581 Survey.

**ORPHANAGE COUNSELOR AND OVERSEER, MALE.** Prefer boys 7-12. Have B.S. and teaching experience. 8579 Survey.

# Directory of Social Organizations (cont.)

## National Conference

**NATIONAL CONFERENCE OF SOCIAL WORK**—Leonard W. Mayo, President, Cleveland, Ohio, Howard R. Knight, Secretary, 82 N. High St., Columbus, Ohio. The Conference is an organization to discuss the principles of humanitarian effort and to increase the efficiency of social service agencies. Each year it holds an annual meeting, publishes in permanent form the Proceedings of the meeting and issues a quarterly Bulletin. Proceedings are sent free of charge to all members upon payment of a membership fee of $5. 75th Annual Meeting, 1948, Atlantic City, N. J.

## Religious Organizations

**HOME MISSIONS COUNCIL OF NORTH AMERICA**—297 Fourth Ave., New York City. The inter-denominational home mission body of 23 denominations. Executive Secretaries, Edith E. Lowery, Mark A. Dawber; Migrant Supervisors: Western, Mrs. F. E. Shotwell, 3330 West Adams Blvd., Los Angeles, Calif.; Mid-Western, The Rev. Ellis Marshburn, 203 North Wabash Ave., Chicago, Ill.

**NATIONAL JEWISH WELFARE BOARD,** 145 East 32 Street, New York 16, N. Y. Frank L. Weil, President; Joseph H. Cohen, Treasurer; Joseph Rosenzweig, Secretary; Louis Kraft, Executive Director: A national agency serving as National Association of Jewish Community Centers, YMHAs, etc., and providing welfare, religious and social activities for soldiers and sailors and other members of armed forces. A member of the United Service Organizations.

**NATIONAL BOARD, YOUNG WOMEN'S CHRISTIAN ASSOCIATION,** 600 Lexington Ave., New York City. An international Christian woman movement devoted to service for women and girls and the attempt to help build a society in which the abundant life is possible for every individual.

**NATIONAL COUNCIL OF YOUNG MEN'S CHRITIAN ASSOCIATIONS**—347 Madison Ave., New York City; 1201 local Associations federated for Christian leadership and citizenship training among young men and boys.

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# DIRECTORY OF SOCIAL ORGANIZATIONS

## American Red Cross

**THE AMERICAN NATIONAL RED CROSS**—Administered through national headquarters in Washington, D. C., and five area offices in New York, N. Y., Alexandria, Va., Atlanta, Ga., St. Louis, Mo., San Francisco, Calif. There are 3,754 local chapters organized mostly on a county basis. Services of the Red Cross are: Services to the Armed Forces, Services to Veterans, Community Service to Camps and Hospitals, Relief to Prisoners of War, International Activities, Disaster Preparedness and Relief, Nursing Services, Nutrition Service, First Aid, Water Safety and Accident Prevention, Blood Donor Service, Volunteer Special Services, American Junior Red Cross, and College Units.

## Blind

**AMERICAN FOUNDATION FOR THE BLIND, INC.**—15 West 16th Street, New York. A national organization conducting research and field service. Library. Mechanical appliances for the blind. William Ziegler, Jr., President; Robert B. Irwin, Executive Director.

## Community Chests

**COMMUNITY CHESTS AND COUNCILS, INC.**, 155 East 44th Street, New York. Information and consultation about cooperative planning and financing of social work through chests and councils of social agencies.

## Family Living

**ASSOCIATION FOR FAMILY LIVING, THE.** Resource in child guidance, marriage, and family relations. Speakers, counseling, library and materials in youth and parent education. 209 S. State St., Chicago.

**THE AMERICAN INSTITUTE OF FAMILY RELATIONS** (inc. 1930), directed by Paul Popenoe. Public education, personal service, research. Write for list of publications. 607 S. Hill St., Los Angeles, Calif.

## Foundation

**RUSSELL SAGE FOUNDATION**—For the improvement of social and living conditions—Shelby M. Harrison, General Director, 130 E. 22nd St., New York 10. Departments: Arts and Social Work, Industrial Studies, Library, Social Work Administration, Social Work Interpretation, Social Work Year Book, Statistics, Studies in the Professions. The publications of Russell Sage Foundation offer to the public in practical and inexpensive form some of the most important results of its work. Catalogue sent upon request.

## Industrial Democracy

**LEAGUE FOR INDUSTRIAL DEMOCRACY**—Promotes a better understanding of problems of democracy in industry through its pamphlets, research and lecture services and organization of college and city groups. Executive Director, Harry W. Laidler, 112 East 19th Street, New York 3, N. Y.

## Racial Adjustment

**NATIONAL URBAN LEAGUE** with 54 branches seeks to improve living and working conditions among Negroes. Conducts surveys and research as basis for its services. During war and post-war period specializes in securing full use of Negro manpower in production and reconversion. Publishes "Opportunity," Journal of Negro Life, and other special bulletins on interracial and community problems. Provides fellowships in Social Work and Labor Relations. Gifts solicited. 1133 Broadway, New York 10.

**TUSKEGEE INSTITUTE**, since 1881, has followed a program of service in offering practical training for Negro youth and in promotion of interracial good will. Maintains Department of Records and Research for compiling and releasing pertinent information on race relations and Negro progress. Published material available. F. D. Patterson, President, Tuskegee Institute, Alabama.

## Child Welfare

**BERKSHIRE INDUSTRIAL FARM**, Canaan, New York. A national, non-denominational farm school for problem boys. Boys between 12 and 14 received through private surrender or court commitment. Supported by agreed payments from parents or other responsible persons, in addition to voluntary contributions. For further information address Mr. Byron D. Paddon, Superintendent, or the New York Office at 101 Park Ave. Tel.: Lex. 2-3147.

**BOYS' ATHLETIC LEAGUE, INC.**, 112 East 19th Street, New York 3. Algonquin 4-1753. Arranges invitation tournaments in indoor and outdoor sports for Boys' Clubs, Social Settlements, Community Centers, Church Houses, Y. M. C. A.'s, Y. M. H. A.'s, etc., throughout Greater New York. Gustavus T. Kirby, Honorary President; Malcolm Van Zandt, President; Robert E. McCormick, Treasurer; Willard L. Kauth, Director. Sponsors: The Benjamin Harrison Recreation Center, 657 Tenth Avenue; The Lincoln Recreation Center, 235 West 113 Street; Tot-Lot Playground, 422 West 49th Street; Camp Sebago, Camp Wakonda and Camp Orenda in the Palisade-Interstate Park; Co-Sponsor School Settlement, 120 Jackson Street, Brooklyn; Lafayette Community Center, Sumner and Lafayette Streets, Brooklyn.

**BOYS CLUB OF AMERICA, INC.**, 381 Fourth Avenue, N.Y.C.—David W. Armstrong, Exec. Dir. A national organization. Serves member Clubs in programs, activities, methods, financing. Organizes new Clubs. BoysclubBs prepare boys for responsibilities of citizenship. Activities include recreation, physical and health training, vocational training and guidance, and character building under leadership. Work with boys from low income areas.

**BOY SCOUTS OF AMERICA**, 2 Park Ave., N.Y.C. Inc. in 1910 & chartered by Congress in 1916 to develop character in boys & train them in citizenship. Programs: Cubbing, boys 9-11; Scouting, 12 and older; Senior Scouting, 15 years and older, available locally through sponsorship by schools, churches, fraternal orders, civic groups, etc. Amory Houghton, Pres., Dr. Elbert K. Fretwell, Chief Scout Executive.

**CAMP FIRE GIRLS, INC.**, 88 Lexington Ave., New York City 16. Dr. Bernice Baxter, President; Miss Martha F. Allen, National Executive. Founded by a group of educators; incorporated 1912. Oldest national organization in America serving girls, provides health and character building program, with emphasis on home skills. Age groups served are Blue Birds (7-9 years), Camp Fire Girls (10 through junior high school age), and Horizon Clubbers (senior high through junior college).

**CHILD WELFARE LEAGUE OF AMERICA**—130 E. 22nd Street, New York City. A league of children's agencies and institutions to secure improved standards and methods in their various fields of work. It also cooperates with other children's agencies, cities, states, churches, fraternal orders and other civic groups to work out worthwhile results in phase of child welfare in which they are interested.

**THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.**, 11 South LaSalle Street, Chicago 3, Illinois. E. W. Palmer, President; Lawrence J. Linck, Executive Director. The Society through its 2000 state and local member units seeks to provide health, welfare, educational, recreational, vocational and employment services to all types of handicapped persons, adjusting its services to each community and the programs of other agencies. Maintains special cerebral palsy services; consultation by professional staff; loan library. Financed by annual sale of Easter Seals. Publishes "The Crippled Child," a magazine for parents of handicapped children, bimonthly, $1.00 a year.

This DIRECTORY appears in Survey Midmonthly twelve times a year. Rates are 30 cents a line (actual) per insertion. For information contact the Advertising Department.

## Health

**AMERICAN HEARING SOCIETY** — 1537 35th Street, N.W., Washington 7, D. C. A national organization devoted to prevention of deafness, conservation of hearing and rehabilitation of the hard of hearing. Monthly publication, HEARING NEWS, $2.00 a year. Literature for sale. Information given concerning problems of the hard of hearing. Field Service. C. Stewart Nash, M.D., president; Harry P. Wareham, Executive Vice President.

**NATIONAL JEWISH HOSPITAL AT DENVER**, 3800 East Colfax Ave., Denver, Colorado. Samuel Schaefer, Executive Director, Allan Hurst, M.D., Medical Director. Free, non-sectarian for needy tuberculous adults and children. (Kosher dietary.) Maintains children's service. Medical, educational, vocational, occupational, psychological, psychiatric and social services. H. J. Corper, M.D., Research Director; Mrs. Ruth Axelrad, director of Social Service and Vocational Therapy. New York area: 19 West 44th St., Herman Sanders, director; applications to Mrs. Erna L. Lindebaum, director of Social Service. Philadelphia area: 1831 Chestnut St., Harold Greenspun, director. Chicago area: 30 North La Salle St., Louis Freed, director. Los Angeles area: 810 So. Spring St., Albert J. Silverman, director. Other applications through local Jewish Federation and Welfare Funds or direct to Hospital.

**NATIONAL TUBERCULOSIS ASSOCIATION**—1790 Broadway at 58th St., New York. Dr. Kendall Emerson, managing director. Pamphlets of methods and programs for the prevention of tuberculosis. Publications sold and distributed through state associations in every state. American Review of Tuberculosis, medical journal, $8.00 a year; and Monthly Bulletin, house organ, free.

**PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.** (formerly Birth Control Federation of America)—A clearing house cooperating with social workers in referring mothers to medically directed birth control clinics in 39 states, including 20 centers in Greater New York. In areas lacking centers, qualified physicians are available. Phone or write: 501 Madison Avenue, New York City. WIckersham 2-8600. Honorary Chairman, Margaret Sanger. Chairman, The Rev. Cornelius P. Trowbridge; Acting Medical Director, Mary Steichen, M.D.

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**NATIONAL RECREATION ASSOCIATION**—325 Fourth Ave., New York City. To bring to everybody in America, young or old, an opportunity to find the best and most satisfying recreational use of leisure time through participation in music, drama, sports and games, arts and crafts, nature activities; and to help secure adequate playground, recreation centers, swimming pools, beaches, athletic field and other recreational facilities.

## Penology

**THE OSBORNE ASSOCIATION, INC.**, 114 East 30th Street, New York, N. Y. Telephone CAledonia 5-9720-9721. Activities:—Collects information about correctional institutions and works to improve correctional methods and standards. Aids released prisoners in their problems of readjustment by securing employment and giving such other assistance as they may require. Austin H. MacCormack, Exec. Dir.

## Social Work Personnel

**SOCIAL WORK VOCATIONAL BUREAU** 122 East 22nd Street, New York City. National placement and counseling service in case work fields. Membership organization for social workers and agencies. No placement fee. Barbara Jack, Director.

# THE AMERICAN ASSOCIATION OF SCHOOLS OF SOCIAL WORK

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ATLANTA UNIVERSITY SCHOOL OF SOCIAL WORK
247 Henry St., S.W., Atlanta, Ga.

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126 Newbury Street, Boston 16, Mass.

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UNIVERSITY OF BRITISH COLUMBIA
Department of Social Work, Vancouver, British Columbia, Canada

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